Sangeetha M.G

FORM NO. 93

[See rule 158]

Application for Allotment of Permanent Account Number

[For an Individual being a Citizen of India]

Sr. No.	PART A - Personal Information

1. A. Name

First Name	SANGEETHA
Middle Name	MUKKATI
Last Name	GANESH

B. Name *(as per Aadhaar)*

SANGEETHA M G

2. Gender *(select one)* Tick Male ☑ Female Tick Transgender

3. Date of Birth 10 02 1997

4. Aadhaar Number 918194785379

5. Residence Address

Flat/Door/Building	THAVOORU VILLAGE
Road/Street/Block/Sector	VIRAJPETE TALUKU
Post Office	BHAGAMANDALA POST
Area/Locality/Town/City	MADIKERI
District	KODAGU

State/Union Territory: KARNATAKA Country/Region: INDIA PIN / ZIP CODE: 571247

6. Office Address

Flat/Door/Building	
Road/Street/Block/Sector	
Post Office	
Area/Locality/Town/City	
District	

State/Union Territory: Country/Region: PIN / ZIP CODE:

7. Residential Status *(select one as applicable)* ☑ Resident Tick Non Resident Tick Resident but Not ordinarily Resident

8. Passport Number *(mandatory for (i) Non Resident (ii) Resident but not ordinarily resident)*

9. Taxpayer Identification Number *(TIN) in the Country of Residence (if any)*

10. Contact Details

(i) Mobile Number Country Code 91 Mobile Number 8792919172

(ii) Email ID manvithmanvi946@gmail.com

(iii) Landline No. with STD Code *(if any)* STD Code Landline Number

PART B- Source of Income

11. Source of Income *(select one or more)*

Tick Salary Tick Income from Business/Profession Tick Income from House Property

Tick Capital Gains ☑ Income from Other Sources Tick No Income

PART C - Details of Parents

12. Whether mother/father is a single parent? *(select one)* Tick Yes ☑ No

13. Father's First Name	
Father's Middle Name	
Father's Last Name	GANESH

14. **Mother's First Name**	
Mother's Middle Name	
Mother's Last Name	H A R I N A K S H I

15. **Name of parent to be printed on Permanent Account Number card** *(select one)* ☑ Father ☐ Mother

PART D - Assessing Officer (AO Code)

16. **Assessing Officer** (AO Code)
(i) Area Code: K A R
(ii) AO Type: W
(iii) Range Code: 3 2 1
(iv) AO No.: 9 1

PART E- Representative Assessee, if applicable

17. **RA's First Name**	
RA's Middle Name	
RA's Last Name	

18. **Permanent Account Number** *(if any)*

19. **Aadhaar Number** (*if Permanent Account Number is not available*)

20. **Representative Assessee Address**

Flat/Door/Building	
Road/Street/Block/Sector	
Post Office	
Area/Locality/Town/City	
District	

State/Union Territory | Country/Region | PIN / ZIP CODE

21. **Contact Details**

(i) Mobile Number — Country Code | Mobile Number
(ii) Email ID
(iii) Landline No. with STD Code (*if any*) — STD Code | Landline Number

Part F: Communication Address

22. **Address for Communication** *(select one)* ☑ Residence Address ☐ Representative Assessee Address ☐ Office Address

Part G: Declaration by Applicant or by Representative Assessee on behalf of the Applicant

23. **Documents submitted as Proof of Identity, Proof of Address and Proof of Date of Birth of the Applicant**

☑ (i) Proof of Identity ☑ (ii) Proof of Address ☑ (iii) Proof of Date of Birth

24. **Documents submitted as Proof of Identity, Proof of Address of Representative Assessee**

☐ (i) Proof of Identity ☐ (ii) Proof of Address

Verification & Declaration

a. I, ……SANGEETHA M G……, in the capacity of ……HIMSELF……(Self/ Representative Assessee) do hereby declare that what is stated above is true to the best of my knowledge and belief.

b. I declare that the applicant does not possess Permanent Account Number and shall be liable for legal consequences under Income-Tax Act, 2025 if this declaration is found to be incorrect

Place. KODAGU

Date. 18/07/2026

(Signature /Left Hand Thumb Impression of Applicant or Representative Assessee)

Name: SANGEETHA M G

Designation: AUTHORIZED PERSON

सत्यमेव जयते
भारत सरकार

आधार

ಭಾರತ ಸರ್ಕಾರ
Government of India

ಭಾರತೀಯ ವಿಶಿಷ್ಟ ಗುರುತು ಪ್ರಾಧಿಕಾರ
Unique Identification Authority of India

ನೋಂದಣಿ ಸಂಖ್ಯೆ/ Enrolment No.: 0000/00130/85967

To
ಸಂಗೀತ ಎಂ .ಜಿ
Sangeetha M .G
W/O Avinasha H J
#
Thavooru
Thavooru Village Bhagamandala Post
Bhagamandala
Kodagu Karnataka - 571247
8792919172

Signature valid

Digitally signed by UNIQUE IDENTIFICATION AUTHORITY OF INDIA
Date: 2023.10.03 06:43:14 UTC

ನಿಮ್ಮ ಆಧಾರ್ ಸಂಖ್ಯೆ / Your Aadhaar No. :

9181 9478 5379

VID : 9109 8964 2723 8457

ನನ್ನ ಆಧಾರ್, ನನ್ನ ಗುರುತು

ಭಾರತ ಸರ್ಕಾರ
Government of India

ಸಂಗೀತ ಎಂ .ಜಿ
Sangeetha M .G
ಜನ್ಮ ದಿನಾಂಕ/DOB: 10/02/1997
FEMALE

Issue Date: 03/10/2013

9181 9478 5379

VID : 9109 8964 2723 8457

ನನ್ನ ಆಧಾರ್, ನನ್ನ ಗುರುತು

ಭಾರತ ಚುನಾವಣಾ ಆಯೋಗ

ಗುರುತಿನ ಚೀಟಿ

ELECTION COMMISSION OF INDIA

IDENTITY CARD

TXF3552387

ಮತದಾರರ ಹೆಸರು : ಸಂಗೀತ ಎಂ ಜಿ

Elector's Name : Sangeetha M G

ಗಂಡನ ಹೆಸರು : ಅವಿನಾಶ್ ಹೆಚ್ ಜೆ

Husband's Name: Avinash H J

ಲಿಂಗ / Sex : ಮಹಿಳೆ/ Female

ಜನ್ಮದಿನಾಂಕ/Date of Birth : 10/02/1997

TXF3552387

ವಿಳಾಸ / Address :

#140,ತಾವೂರು ಗ್ರಾಮ,
ಮಡಿಕೇರಿ ತಾಲೂ...ಕು,
KODAGU ಜಿಲ್ಲೆ - 571247.
#140,Thavooru Village,
Madikeri Tq.,
KODAGU Dist. - 571247.
Date: 26/04/2018

209 - ವೀರಾಜಪೇಟೆ ವಿಧಾನ ಸಭಾ ಕ್ಷೇತ್ರದ ಮತದಾರರ
ನೋಂದಣಾಧಿಕಾರಿಯವರ ಅಧಿಕೃತ ಸಹಿ
Facsimile Signature of Electoral Registration
Officer 209 - Virajpet Assembly Constituency

ವಿಳಾಸ ಬದಲಾವಣೆಯಾಗಿದ್ದಲ್ಲಿ.., ಬದಲಾದ ವಿಳಾಸದ ಮತದಾರರ
ಪಟ್ಟಿಯಲ್ಲಿ.. ನಿಮ್ಮ ಹೆಸರನ್ನು ಸೇರಿಸಲು ಸೂಕ್ತ ನಮೂನೆಯಲ್ಲಿ.. ಈ
ಗುರುತಿನ ಚೀಟಿಯ ಸಂಖ್ಯೆಯನ್ನು ನಮೂದಿಸಿ.

In case of change in address, mention this Card
No. in the relevant form for including your name in
the roll at the changed address.

011/0927