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	DEEPA
Middle Name	RAVI
Last Name	LAMANI

B. Name *(as per Aadhaar)*

DEEPA RAVI LAMANI

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

3. Date of Birth 01 01 2002

4. Aadhaar Number 982567670752

5. Residence Address

Flat/Door/Building	445
Road/Street/Block/Sector	ADAVISOMAPUR SANNA TANDA
Post Office	
Area/Locality/Town/City	GADAG
District	GADAG
State/Union Territory	KARNATAKA
Country/Region	INDIA
PIN / ZIP CODE	582103

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	9108230238
(ii) Email ID	muttuadavisomapur@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	KRISHNAPPA
Father's Middle Name	
Father's Last Name	LAMANI

14.	**Mother's First Name**	K A V I T A
	Mother's Middle Name	
	Mother's Last Name	L A M A N 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: 4 1 1
(iv) AO No.: 1 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, DEEPA RAVI LAMANI, in the capacity of SELF (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. GADAG

Date.. 29/07/2026

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

Name: DEEPA RAVI LAMANI

Designation: AUTHORIZED PERSON

भारत सरकार

आधार

ಭಾರತ ಸರ್ಕಾರ
Government of India

ಭಾರತೀಯ ವಿಶಿಷ್ಟ ಗುರುತು ಪ್ರಾಧಿಕಾರ
Unique Identification Authority of India

ನೋಂದಣಿ ಸಂಖ್ಯೆ/ Enrolment No.: 0707/11120/02010

To
ದೀಪಾ ರವಿ ಲಮಾಣಿ
Deepa Ravi Lamani
C/O: Ravi Lamani,
Adavisomapur Sanna Tanda,
VTC: Jalashankarnagar,
PO: Attikatti,
Sub District: Gadag,
District: Gadag,
State: Karnataka,
PIN Code: 582103,
Mobile: 9108230238

Signatur
e valid
GMT+05:30

ನಿಮ್ಮ ಆಧಾರ್ ಸಂಖ್ಯೆ / Your Aadhaar No. :

9825 6767 0752

VID : 9141 8611 9077 8855

ನನ್ನ ಆಧಾರ್, ನನ್ನ ಗುರುತು

ಭಾರತ ಸರ್ಕಾರ
Government of India

Aadhaar no. issued: 24/08/2013

ದೀಪಾ ರವಿ ಲಮಾಣಿ
Deepa Ravi Lamani
ಜನ್ಮ ದಿನಾಂಕ/DOB: 01/01/2002
ಸ್ತ್ರೀ/FEMALE

ಆಧಾರ್ ಗುರುತಿನ ಪುರಾವೆಯಾಗಿದೆ, ಪೌರತ್ವ ಅಥವಾ ಜನ್ಮ ದಿನಾಂಕದ ಪುರಾವೆ ಅಲ್ಲ. ಇದನ್ನು ಆನ್‌ಲೈನ್ ದೃಢೀಕರಣ ಅಥವಾ QR ಕೋಡ್ / ಆಫ್‌ಲೈನ್ XML ಸ್ಕ್ಯಾನಿಂಗ್‌ನೊಂದಿಗೆ ಮಾತ್ರ ಬಳಸಬೇಕು.

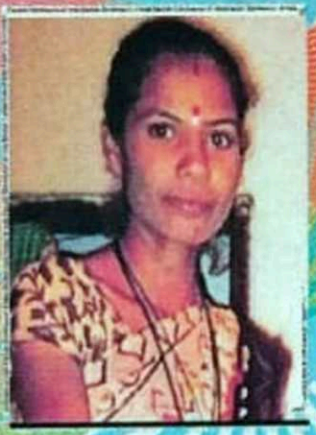
Aadhaar is proof of identity, not of citizenship or date of birth. It should be used only with verification (online authentication or scanning of QR code / offline XML)

9825 6767 0752

ನನ್ನ ಆಧಾರ್, ನನ್ನ ಗುರುತು

ಭಾರತ ಚುನಾವಣಾ ಆಯೋಗ
ELECTION COMMISSION OF INDIA
ಮತದಾರರ ಫೋಟೊ ಗುರುತಿನ ಚೀಟಿ - Elector Photo Identity Card

WLB3477767



WLB3477767

ಹೆಸರು: ದೀಪಾ ರವಿ ಲಮಾಣಿ
Name: Deepa Ravi Lamani
ಗಂಡನ ಹೆಸರು: ರವಿ ಹರಿಯಪ್ಪ ಲಮಾಣಿ
Husband's Name: Ravi Hariyappa Lamani
ಲಿಂಗ / Gender: ಹೆಣ್ಣು / Female
ಜನ್ಮ ದಿನಾಂಕ / ವಯಸ್ಸು:
Date of Birth / Age: 01-01-2002

ವಿಳಾಸ: 445, ಅಡವಿಸೋಮಾಪೂರ ಸನ್ನ ತಾಂಡ, ಜಲಶಂಕರನಗರ, ಅಡವಿಸೋಮಾಪೂರ, ಗದಗ, ಗದಗ, ಕರ್ನಾಟಕ- 582103

Address: 445, ADAVISOMAPUR SANNA TANDA, JALASHANKARNAGAR, ADAVISOMAPUR, GADAG, GADAG, KARNATAKA- 582103

ಮತದಾರರ ನೋಂದಣಾಧಿಕಾರಿ, 68 - ನರಗುಂದ
Electoral Registration Officer, 68 - Nargund
Issue Date: 05-03-2024

ಸೂಚನೆ / Note:
೧) ಪ್ರತಿ ಚುನಾವಣೆಯ ಮೊದಲು ಪ್ರಸ್ತುತ ಮತದಾರರ ಪಟ್ಟಿಯಲ್ಲಿ ನಿಮ್ಮ ಹೆಸರು ಇದೆಯೇ ಎಂದು ಪರಿಶೀಲಿಸಿಕೊಳ್ಳಿ
Before every Election, please check that your name exists in current electoral roll.
೨) ಈ ಮತದಾರರ ಗುರುತಿನ ಚೀಟಿಯು ಚುನಾವಣೆ ಉದ್ದೇಶಕ್ಕೆ ಹೊರತು ಪಡಿಸಿದ ಪುರಾವೆಗೆ ಅಲ್ಲ
This card is not a proof of age except for purpose of Election.

68-219-651-954

☎ 1950 www.ceo.karnataka.gov.in