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	
Middle Name	
Last Name	FARHANABI

B. Name *(as per Aadhaar)*

	FARHANABI

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

3. Date of Birth 04 06 1998

4. Aadhaar Number 561063149193

5. Residence Address

Flat/Door/Building	11
Road/Street/Block/Sector	KUDUMALAKUNTE
Post Office	KUDUMALAKUNTE
Area/Locality/Town/City	GOWRIBIDANURU
District	CHIKKABALLAPUR

State/Union Territory: KARNATAKA Country/Region: INDIA PIN / ZIP CODE: 561208

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: 7981696569

(ii) Email ID: SIRI888000888@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	KHASIMSAB

14. **Mother's First Name**	
Mother's Middle Name	
Mother's Last Name	N A S I M A B 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: 1 2 8
(iv) AO No.: 9 4

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, FARHANABI, 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. CHIKKABALLAPUR

Date. 05/08/2026

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

Name: FARHANABI

Designation: AUTHORIZED PERSON

भारत सरकार

आधार

ಭಾರತ ಸರ್ಕಾರ
Government of India

ಭಾರತೀಯ ವಿಶಿಷ್ಟ ಗುರುತು ಪ್ರಾಧಿಕಾರ
Unique Identification Authority of India

ನೋಂದಣಿ ಸಂಖ್ಯೆ / Enrollment No.: 0657/07701/11157

17/11/2013

7949966

To
ಫರ್ಹಾನಬಿ
Farhanabi
KUDUMALAKUNTE, Gouribidanuru talluku,
VTC: Kudumalakunte,
PO: Doddakurugodu,
Sub District: Gauribidnur, District: Chikkaballapur,
State: Karnataka,
PIN Code: 561208,
Mobile: 8762149131

MF079499660FI

ನಿಮ್ಮ ಆಧಾರ್ ಸಂಖ್ಯೆ / Your Aadhaar No. :

5610 6314 9193

ನನ್ನ ಆಧಾರ್, ನನ್ನ ಗುರುತು

ಭಾರತ ಸರ್ಕಾರ
Government of India

ಆಧಾರ್

ಫರ್ಹಾನಬಿ
Farhanabi
ಜನ್ಮ ದಿನಾಂಕ / DOB : 04/06/1998
ಸ್ತ್ರೀ / Female

17/11/2013

5610 6314 9193

ನನ್ನ ಆಧಾರ್, ನನ್ನ ಗುರುತು

ಭಾರತ ಚುನಾವಣಾ ಆಯೋಗ

ಗುರುತಿನ ಚೀಟಿ

ELECTION COMMISSION OF INDIA

IDENTITY CARD

ALQ3191004

ಮತದಾರರ ಹೆಸರು : ಫರ್ಹಾನಾಬಿ

Elector's Name : Farhanabi

ತಂದೆಯ ಹೆಸರು : ಖಾಸಿಂಸಾಬ್

Father's Name : Khasimsab

ಲಿಂಗ / Sex : ಮಹಿಳೆ/ Female

ಜನ್ಮದಿನಾಂಕ/Date of Birth : 04/06/1998

ALQ3191004

ವಿಳಾಸ / Address :

#11,ಕುಡುಮಲಕುಂಟೆ,
ಗೌರಿಬಿದನೂರು ತಾಲ್ಲೂಕು,
CHIKABALLAPUR ಜಿಲ್ಲೆ - 561208.
#11,Kudumalakunte,
Gowribidanuru Tq.,
CHIKABALLAPUR Dist. - 561208.
Date: 20/12/2018

139 - ಗೌರಿಬಿದನೂರು ವಿಧಾನ ಸಭಾ ಕ್ಷೇತ್ರದ ಮತದಾರರ
ನೋಂದಣಾಧಿಕಾರಿಯವರ ಅಧಿಕೃತ ಸಹಿ
Facsimile Signature of Electoral Registration
Officer 139 - Gauribidanur 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.

012/0926