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	BIBI
Middle Name	
Last Name	JAN

B. Name *(as per Aadhaar)*

BIBI JAN

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

3. Date of Birth 01 01 1983

4. Aadhaar Number 834970051857

5. Residence Address

Flat/Door/Building	C/O FITTER BUDEN SAB
Road/Street/Block/Sector	WARD NUMBER 2, NEAR DESHN
Post Office	SIRUGUPPA
Area/Locality/Town/City	SIRUGUPPA
District	BALLARI

State/Union Territory: KARNATAKA — Country/Region: INDIA — PIN / ZIP CODE: 583121

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: 9448685520

(ii) Email ID: manuforever.honey143@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	FITTER
Father's Middle Name	BUDEN
Father's Last Name	SAB

14.	**Mother's First Name**	B A N U
	Mother's Middle Name	
	Mother's Last Name	B E E

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

PART D - Assessing Officer (AO Code)

16. **Assessing Officer** (AO Code)

(i) Area Code: K A R
(ii) AO Type: C
(iii) Range Code: 4 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 ☐ Tick Representative Assessee Address ☐ Tick 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**

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

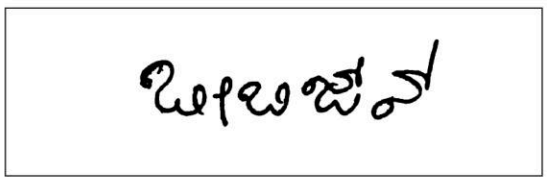
Verification & Declaration

a. I, ……BIBI JAN……, 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. BALLARI

Date. 10/08/2026



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

Name: BIBI JAN

Designation: AUTHORIZED PERSON

आधार

ಭಾರತ ಸರ್ಕಾರ

Unique Identification Authority of India

Government of India

ನೋಂದಣಿ ಸಂಖ್ಯೆ/ Enrolment No.: 0654/11160/02699

To
ಬೀಬಿ ಜಾನ್
Bibi Jan
W/O: Abdul Ro
Ward Number 2
Near deshnuru Road
Siruguppa
Siruguppa
Bellary Karnataka - 583121
9448685520

Download Date: 09/08/2018

Generation Date: 18/07/2018

Signature valid

QR Code with Photograph

ನಿಮ್ಮ ಆಧಾರ್ ಸಂಖ್ಯೆ / Your Aadhaar No. :

8349 7005 1857

VID : 9116 4063 2890 7645

ನನ್ನ ಆಧಾರ್, ನನ್ನ ಗುರುತು

ಭಾರತ ಸರ್ಕಾರ

Government of India

ಬೀಬಿ ಜಾನ್
Bibi Jan
ಜನ್ಮ ದಿನಾಂಕ/DOB: 01/01/1983
FEMALE

8349 7005 1857

VID : 9116 4063 2890 7645

ನನ್ನ ಆಧಾರ್, ನನ್ನ ಗುರುತು

ELECTION COMMISSION OF INDIA

Electors Photo Identity Card

NNJ2855705

ಹೆಸರು : ಬೀಬಿ ಜಾನ್

Name : Bibi Jan

ಗಂಡನ ಹೆಸರು : ಸೈಯದ ಅಬ್ದುಲ್ ರೋಫ್

Husband's Name : Saiyad Abdul Roph

ಲಿಂಗ/Gender : ಮಹಿಳೆ / Female

ಜನ್ಮ ದಿನಾಂಕ/ವಯಸ್ಸು

Date of Birth/ Age: 01-01-1983

ವಿಳಾಸ : 81,ಸಿಂಧನೂರು,ರಾಯಚೂರು

Address : 81,SINDHNUR,RAICHUR

ದಿನಾಂಕ/ Date : 13-07-2020

ಮತದಾರರ ನೋಂದಣಾಧಿಕಾರಿ

Electoral Registration Officer

ವಿಧಾನ ಸಭಾ ಕ್ಷೇತ್ರದ ಸಂಖ್ಯೆ ಮತ್ತು ಹೆಸರು : 58-ಸಿಂಧನೂರು

Assembly Constituency No. and Name : 58-Sindhanur

ಭಾಗದ ಸಂಖ್ಯೆ ಮತ್ತು ಹೆಸರು : 192-ಧಡೇಸುಗೂರು ಸಮಗ್ರ ಪ್ರೌಢಶಾಲೆ ಪಶ್ಚಿಮ ಕಾಲು (ಪಶ್ಚಿಮ ಭಾಗ) ಧಡೇಸುಗೂರು

Part No. and Name : 192-GOVT COMPOSITE HIGH SCHOOL WEST WING DHADESUGUR

Note 1 : Mere possession of this card is no guarantee that you are elector in the current electoral roll. Please check your name in the current electoral roll before every election.

Note 2 : Date of Birth mentioned in this card shall not be treated as a proof of age/ D.O.B for any purpose other than registration in electoral roll.