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	VADDE
Middle Name	SANNA
Last Name	THIMMAKKA

B. Name *(as per Aadhaar)*

VADDE SANNA THIMMAKKA

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

3. Date of Birth — 01 01 1995

4. Aadhaar Number — 514140480824

5. Residence Address

Flat/Door/Building	C/O THIMMAPPA, WARD NO 0
Road/Street/Block/Sector	NAGAPPA KATTE
Post Office	SANGANAKAL
Area/Locality/Town/City	SANGANAKAL
District	BALLARI

State/Union Territory: KARNATAKA | Country/Region: INDIA | PIN / ZIP CODE: 583103

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	8147554469
(ii) Email ID	gramaonesanganakallu01@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	VADDE
Father's Middle Name	
Father's Last Name	RAMUDU

14.	**Mother's First Name**	
	Mother's Middle Name	
	Mother's Last Name	S A N G A M M A

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: 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 ☐ 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, VADDE SANNA THIMMAKKA, 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. BALLARI

Date. 19/08/2026

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

Name: VADDE SANNA THIMMAKKA

Designation: AUTHORIZED PERSON

आधार

ಭಾರತ ಸರ್ಕಾರ
Government of India

ಭಾರತೀಯ ವಿಶಿಷ್ಟ ಗುರುತು ಪ್ರಾಧಿಕಾರ
Unique Identification Authority of India

ನೋಂದಾವಣಿ ಕ್ರಮ ಸಂಖ್ಯೆ / Enrollment No. : 0129/11012/28262

To
Vadde Sanna Thimmakka
ವಡ್ಡೆ ಸನ್ನ ತಿಮ್ಮಕ್ಕ
C/O: Thimmappa,
Ward No 01,
Nagappa Katte,
VTC: Sanganakal, PO: Sanganakal,
Sub District: Hagaribommanahalli, District: Ballari,
State: Karnataka, PIN Code: 583103,
Mobile: 8147554469

026537410

KC026537410FL

ನಿಮ್ಮ ಆಧಾರ್ ಸಂಖ್ಯೆ / Your Aadhaar No. :

5141 4048 0824

ನನ್ನ ಆಧಾರ್, ನನ್ನ ಗುರುತು

ಭಾರತ ಸರ್ಕಾರ
Government of India

ಆಧಾರ್

Issue Date: 16/03/2012

ವಡ್ಡೆ ಸನ್ನ ತಿಮ್ಮಕ್ಕ
Vadde Sanna Thimmakka
ಜನ್ಮ ದಿನಾಂಕ / DOB: 01/01/1995
ಸ್ತ್ರೀ / Female

5141 4048 0824

ನನ್ನ ಆಧಾರ್, ನನ್ನ ಗುರುತು

Government of India

AADHAAR

ಮಾಹಿತಿ

- ಆಧಾರ್ ಗುರುತಿನ ಪುರಾವೆಯೇ ಹೊರತು ಪೌರತ್ವದಲ್ಲ
- ಸುರಕ್ಷಿತ ಕ್ಯೂಆರ್ ಕೋಡ್/ಆಫ್ಲೈನ್ XML/ಆನ್ಲೈನ್ ದೃಢೀಕರಣ ಬಳಸಿ ಗುರುತನ್ನು ಪರಿಶೀಲಿಸಿ

INFORMATION

- Aadhaar is a proof of identity, not of citizenship.
- Verify identity using Secure QR Code / Offline XML / Online Authentication.

- ಆಧಾರ್ ದೇಶದಾದ್ಯಂತ ಮಾನ್ಯತೆಯನ್ನು ಪಡೆದಿದೆ.
- ಸುಲಭವಾಗಿ ಸರ್ಕಾರಿ ಹಾಗೂ ಸರ್ಕಾರೇತರ ಸೇವೆಗಳನ್ನು ಪಡೆಯಲು ಆಧಾರ್ ಸಹಾಯವಾಗಲಿದೆ.
- ನಿಮ್ಮ ಮೊಬೈಲ್ ಸಂಖ್ಯೆ ಮತ್ತು ಇ-ಮೇಲ್ ಐಡಿ ಅನ್ನು ಆಧಾರ್ ನಲ್ಲಿ ನವೀಕರಿಸಿರಿ.
- ಆಧಾರ್ ನ್ನು ನಿಮ್ಮ ಸ್ಮಾರ್ಟ್ ಫೋನ್ ನಲ್ಲಿ ಕೊಂಡೊಯ್ಯಿರಿ- mAadhaar ಅಪ್ಲಿಕೇಶನ್ ಬಳಸಿ.
- Aadhaar is valid throughout the country.
- Aadhaar helps you avail various Government and non-Government services easily.
- Keep your mobile number & email ID updated in Aadhaar.
- Carry Aadhaar in your smart phone – use mAadhaar App.

ಭಾರತೀಯ ವಿಶಿಷ್ಟ ಗುರುತು ಪ್ರಾಧಿಕಾರ
Unique Identification Authority of India

AADHAAR

ವಿಳಾಸ: ಕೇರ್ ಆಫ್: ತಿಮ್ಮಪ್ಪ, ವಾರ್ಡ್ ನಂ 01, ನಾಗಪ್ಪ ಕಟ್ಟೆ, ಸಂಗನಕಲ್, ಬಳ್ಳಾರಿ, ಕರ್ನಾಟಕ, 583103

Address: C/O: Thimmappa, Ward No 01, Nagappa Katte, Sanganakal, Ballari, Karnataka, 583103

Print Date: 22/11/2022

5141 4048 0824

1947 | help@uidai.gov.in | www.uidai.gov.in

ಭಾರತ ಚುನಾವಣಾ ಆಯೋಗ

ELECTION COMMISSION OF INDIA

ಚಿತ್ರವಾದ ಭಾವಚಿತ್ರವಿರುವ ಗುರುತಿನ ಚೀಟಿ

Electors Photo Identity Card

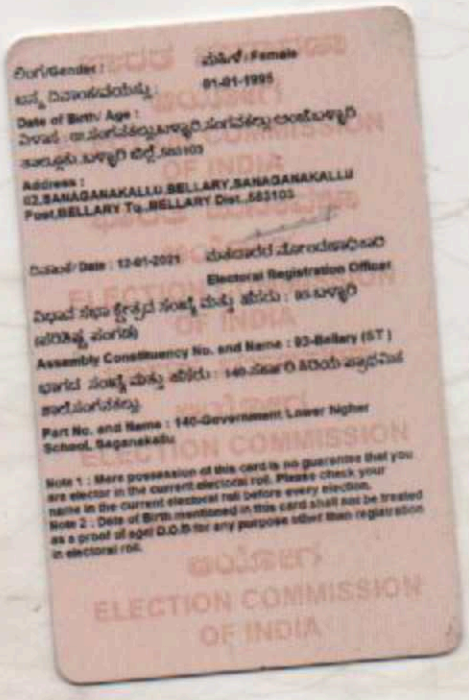
XUT3644929

ಹೆಸರು : ವಡ್ಡೆ ಸನ್ನ ತಿಮ್ಮಕ್ಕ

Name : VADDE SANNA THIMMAKKA

ಗಂಡನ ಹೆಸರು : ವಡ್ಡೆ ರಾಮುಡು

Husband's Name : VADDE RAMUDU


ಲಿಂಗ/Gender :
ಮಹಿಳೆ / Female
ಜನ್ಮ ದಿನಾಂಕ/ವಯಸ್ಸು :
01-01-1995
Date of Birth/ Age :
ವಿಳಾಸ : ಅಮೃತಮಹಲ್ಲಾಬಳ್ಳಾರಿ,ಸಂಗನಕಲ್ಲು ಅಂಚೆಬಳ್ಳಾರಿ
ಜಿಲ್ಲೆಬಳ್ಳಾರಿ ಪಿನ್ 583103
Address :
62,SANAGANAKALLU BELLARY,SANAGANAKALLU
Post,BELLARY Tq,,BELLARY Dist.,583103
ದಿನಾಂಕ/ Date : 12-01-2021
ನೋಂದಣಾಧಿಕಾರಿಯವರು
Electoral Registration Officer
ವಿಧಾನ ಸಭಾ ಕ್ಷೇತ್ರದ ಸಂಖ್ಯೆ ಮತ್ತು ಹೆಸರು : 93-ಬಳ್ಳಾರಿ
(ಪರಿಶಿಷ್ಟ ಪಂಗಡ)
Assembly Constituency No. and Name : 93-Bellary (ST)
ಭಾಗದ ಸಂಖ್ಯೆ ಮತ್ತು ಹೆಸರು : 140-ಸರ್ಕಾರಿ ಹಿರಿಯ ಪ್ರಾಥಮಿಕ
ಶಾಲೆಸಂಗನಕಲ್ಲು
Part No. and Name : 140-Government Lower Higher
School, Saganakallu
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.
ELECTION COMMISSION
OF INDIA