

**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

P A V I T R A

**B. Name (as per Aadhaar)**

P A V I T R A

**2. Gender (select one)**☐ Tick

Male

☒ Tick

Female

☐ Tick

Transgender

**3. Date of Birth**

0 6 0 4 2 0 0 6

**4. Aadhaar Number**

5 0 7 2 3 2 5 6 6 7 2 2

**5. Residence Address**

Flat/Door/Building

W A R D N U M B E R 3

Road/Street/Block/Sector

N E A R Y A N K A P P A T E M P L E K E N

Post Office

K . B E L A G A L

Area/Locality/Town/City

S I R U G U P P A

District

B A L L A R I

State/Union Territory

KARNATAKA

Country/Region

INDIA

PIN / ZIP CODE

5 8 3 1 2 1

**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)**☒ Tick

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

9 1

Mobile Number

9 7 3 1 7 8 9 1 8 1

(ii) Email ID

shivararaj18@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

☒ Tick

Income from Other Sources

☐ Tick

No Income

**PART C - Details of Parents****12. Whether mother/father is a single parent? (select one)**☐ Tick

Yes

☒ Tick

No

**13. Father's First Name**

Father's Middle Name

Father's Last Name

P A K K I R A P P A

|                         |                           |
|-------------------------|---------------------------|
| 14. Mother's First Name |                           |
| Mother's Middle Name    |                           |
| Mother's Last Name      | S H A K U N T A L 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

PAVITRA

a. I, PAVITRA, 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. 24/08/2026



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

Name: PAVITRA

Designation: AUTHORIZED PERSON



सत्यमेव जयते  
भारत सरकार



आधार

ಭಾರತೀಯ ವಿಶಿಷ್ಟ ಗುರುತು ಪ್ರಾಧಿಕಾರ

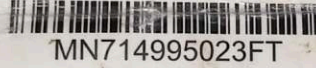
ಭಾರತ ಸರ್ಕಾರ

Unique Identification Authority of India  
Government of India

ನೋಂದಾವಣೆ ಕ್ರಮ ಸಂಖ್ಯೆ / Enrollment No.: 1190/08775/01822

To  
ಪವಿತ್ರ  
Pavitra  
D/O: Pakkirappa  
Ward Number 3  
Near Yankappa Temple  
Kenchagarabelagal  
K.belagal  
Siruguppa Bellary  
Karnataka 583121  
9731789181

12/11/2013  
71499502



MN714995023FT



ನಿಮ್ಮ ಆಧಾರ್ ಸಂಖ್ಯೆ / Your Aadhaar No. :

5072 3256 6722

ಆಧಾರ್ - ಶ್ರೀಸಾಮಾನ್ಯನ ಅಧಿಕಾರ



सत्यमेव जयते

ಭಾರತ ಸರ್ಕಾರ

Government of India

ಪವಿತ್ರ  
Pavitra  
ಜನ್ಮ ದಿನಾಂಕ / DOB : 06/04/2006  
ಸ್ತ್ರೀ / Female



5072 3256 6722

ಆಧಾರ್ - ಶ್ರೀಸಾಮಾನ್ಯನ ಅಧಿಕಾರ



ಭಾರತ ಚುನಾವಣಾ ಆಯೋಗ  
ELECTION COMMISSION OF INDIA

ಮತದಾರರ ಪೋಟೋ ಗುರುತಿನ ಚೀಟಿ - Elector Photo Identity Card

UBB3665577



ಹೆಸರು: ಪವಿತ್ರ

Name: Pavitra

ತಂದೆಯ ಹೆಸರು: ಪಕ್ಕಿರಪ್ಪ

Father's Name: Pakkirappa

ಲಿಂಗ / Gender: ಹೆಣ್ಣು / Female

ಜನ್ಮ ದಿನಾಂಕ / ವಯಸ್ಸು:

Date of Birth / Age: 06-04-2006

