

Mahima



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

K O T H A N A L L I

Middle Name

L A V A K U M A R

Last Name

M A H I M A

B. Name (as per Aadhaar)

K L M A H I M A

2. Gender (select one)

☐ Male ☒ Female ☐ Transgender

3. Date of Birth

2 9 0 5 1 9 9 4

4. Aadhaar Number

5 6 5 3 4 9 8 5 5 2 1 9

5. Residence Address

Flat/Door/Building

1 2 0

Road/Street/Block/Sector

K O T H T H A N A L L I , S O M W A R P E T

Post Office

Area/Locality/Town/City

S O M W A R P E T

District

K O D A G U

State/Union Territory

KARNATAKA

Country/Region

INDIA

PIN / ZIP CODE

5 7 1 2 3 6

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 ☐ Non Resident ☐ 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

8 7 6 2 5 1 5 5 4 3

(ii) Email ID

ashwinganapathy00@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)☐ Salary ☐ Income from Business/Profession ☐ Income from House Property
☐ Capital Gains ☒ Income from Other Sources ☐ No Income

PART C - Details of Parents

12. Whether mother/father is a single parent? (select one)

☐ Yes ☒ No

13. Father's First Name

Father's Middle Name

Father's Last Name

K O M A R I G O W D A

14. Mother's First Name	
Mother's Middle Name	
Mother's Last Name	S A R O J 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	W
(iii) Range Code	3 2 1	(iv) AO No.	9 2

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

K L MAHIMA

a. I, K L MAHIMA, 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. KODAGU

Date. 24/08/2026

Mahima

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

Name: K L MAHIMA

Designation: AUTHORIZED PERSON



ಭಾರತೀಯ ವಿಶಿಷ್ಟ ಗುರುತು ಪ್ರಾಧಿಕಾರ

ಭಾರತ ಸರ್ಕಾರ

Unique Identification Authority of India
Government of India

ನೋಂದಾಯಿತ ಕ್ರಮ ಸಂಖ್ಯೆ / Enrollment No. : 2825/07739/39416

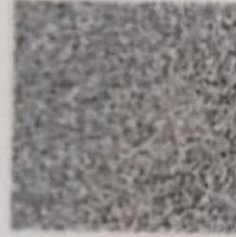
30/10/2015

To
K L Mahima
ಕೆ ಎಲ್ ಮಹಿಮಾ
W/O: Lavakumar.K.G
Somwarpet
Kothanalli
Bettadahalli, Somwarpet, Kodagu,
Karnataka - 571236
8762515543

88881105



KA888811056FH



ನಿಮ್ಮ ಆಧಾರ್ ಸಂಖ್ಯೆ / Your Aadhaar No. :

5653 4985 5219

ನನ್ನ ಆಧಾರ್, ನನ್ನ ಗುರುತು

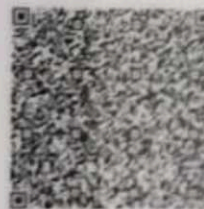


ಭಾರತ ಸರ್ಕಾರ

Government of India



ಕೆ ಎಲ್ ಮಹಿಮಾ
K L Mahima
ಜನ್ಮ ದಿನಾಂಕ / DOB: 29/05/1994
ಸ್ತ್ರೀ / Female



5653 4985 5219

ನನ್ನ ಆಧಾರ್, ನನ್ನ ಗುರುತು



ಭಾರತ ಚುನಾವಣಾ ಆಯೋಗ
ಗುರುತಿನ ಬೀಟಿ

**ELECTION COMMISSION OF INDIA
IDENTITY CARD**

UTZ3925468



ಮತದಾರರ ಹೆಸರು : ಕೆ ಎಲ್ ಮಹಿಮಾ

Elector's Name : K L Mahima

ಗಂಡನ ಹೆಸರು : ಕೆ ಜಿ ಲವಕುಮಾರ್

Husband's Name: K G Lawakumar

ಲಿಂಗ / Sex : ಮಹಿಳೆ/ Female

ಜನ್ಮದಿನಾಂಕ/Date of Birth : 29/05/1994

UTZ3925468

ವಿಳಾಸ / Address :

#120, ಕೊತ್ತನಳ್ಳಿ,
ಸೋಮವಾರಪೇಟೆ ತಾಲ್ಲೂಕು,
ಕೊಡಗು ಜಿಲ್ಲೆ - 571236.

#120, Koththanalli,
Somwarpet Tq.,
KODAGU Dist. - 571236.

Date: 05/12/2015

208 - ಮಡಿಕೇರಿ ವಿಧಾನ ಸಭಾ ಕ್ಷೇತ್ರದ ಮತದಾರರ
ನೋಂದಣಾಧಿಕಾರಿಯವರ ಅಧಿಕೃತ ಸಹಿ

Facsimile Signature of Electoral Registration
Officer 208 - Madikeri 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.

002/0472