



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

A N J I N A Y Y A

B. Name (as per Aadhaar)

A N J I N A Y Y A

2. Gender (select one)



Male



Female



Transgender

3. Date of Birth

0

8

0

6

2

0

0

4

4. Aadhaar Number

8

4

3

3

8

7

9

6

8

8

3

5

5. Residence Address

Flat/Door/Building

W

A

R

D

N

O

1

Road/Street/Block/Sector

R

A

J

O

L

L

I

Post Office

R

A

J

O

L

L

I

Area/Locality/Town/City

R

A

J

O

L

L

I

District

R

A

I

C

H

U

R

State/Union Territory

KARNATAKA

Country/Region

INDIA

PIN / ZIP CODE

5

8

4

2

0

2

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

1

0

5

0

8

6

7

4

4

(ii) Email ID

RAGHUNAİK6261@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

U R U K U N D A

14. Mother's First Name	
Mother's Middle Name	
Mother's Last Name	E R 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	W
(iii) Range Code	4 2 1	(iv) AO No.	6

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

ANJINAYYA

a. I, ANJINAYYA, 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. RAICHUR

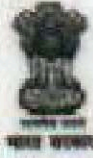
Date. 27/08/2026



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

Name: ANJINAYYA

Designation: AUTHORIZED PERSON



ಭಾರತೀಯ ವೈಶಿಷ್ಟ್ಯ ಗುರುತು ಪ್ರಾಧಿಕಾರ

ಭಾರತ ಸರ್ಕಾರ

Unique Identification Authority of India
Government of India

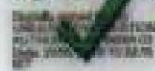
ನೋಂದಣಿ ಸಂಖ್ಯೆ/ Enrolment No.: 0821/89432/63625

Download Date: 08/06/2018

To
ಅಂಜನಯ್ಯ
Anjinaayya
S/O: Urakunda
Rajoli
Raichur Karnataka - 584202
9663229725

Generation Date: 20/06/2018

Signature valid



QR Code valid till 08/06/2018

ನಿಮ್ಮ ಆಧಾರ್ ಸಂಖ್ಯೆ / Your Aadhaar No. :

8433 8796 8835

VID : 9105 9938 1165 8785

ನನ್ನ ಆಧಾರ್, ನನ್ನ ಗುರುತು



ಭಾರತ ಸರ್ಕಾರ
Government of India



ಅಂಜನಯ್ಯ
Anjinaayya
ಜನನ ದಿನಾಂಕ/DOB: 08/06/2004
ಪ್ರಕಾರ/MALE

8433 8796 8835

VID : 9105 9938 1165 8785

ನನ್ನ ಆಧಾರ್, ನನ್ನ ಗುರುತು





ಭಾರತ ಚುನಾವಣಾ ಆಯೋಗ
ELECTION COMMISSION OF INDIA

ಮತದಾರರ ಪೋಟೋ ಗುರುತಿನ ಚೀಟಿ - Elector Photo Identity Card



YFO5000997



ಹೆಸರು : ಅಂಜಿನಯ್ಯ

Name : ANJINAYYA

ತಂದೆಯ ಹೆಸರು : ಉರುಕುಂದೆ

Father's Name : URUKUNDA

ಲಿಂಗ / Gender : ಪುರುಷ / Male

ಜನ್ಮ ದಿನಾಂಕ/ವಯಸ್ಸು :

Date of Birth / Age : 08-06-2004



ವಿಳಾಸ:-ವಾರ್ಡ್ ನಂ 1, ರಾಜೊಳ್ಳಿ, ರಾಜೊಳ್ಳಿ, ರಾಜೊಳ್ಳಿ, ರಾಯಚೂರು,
ಕರ್ನಾಟಕ-584202

(Signature)

Address:- Ward no 1, RAJOLLI, RAJOLLI, RAJOLLI,
RAICHUR, KARNATAKA-584202



ಮತದಾರರ ನೋಂದಣಾಧಿಕಾರಿ : 53 ರಾಯಚೂರು ಗ್ರಾಮಾಂತರ (ಪರಿಶಿಷ್ಟ ಪಂ
Electoral Registration Officer, 53 Raichur Rural (ST)
Issue Date : 06-03-2023

ಸೂಚನೆ 7N08

1) ವ್ಯಕ್ತಿ ಚುನಾವಣೆಯ ವೋಟರನು ಪ್ರಸ್ತುತ ಮತದಾರರ ಪಟ್ಟಿಯಲ್ಲಿ ನಿಮ್ಮ ಹೆಸರು ಇದೆಯೇ ಎಂದು
ಪರಿಶೀಲಿಸಿಕೊಳ್ಳಿ.

1) Before casting the ballot, please check that your name exists in current electoral roll.

2) ಈ ಮತದಾರರ ಗುರುತಿನ ಚೀಟಿಯು ಚುನಾವಣೆಯ ಉದ್ದೇಶಕ್ಕೆ ಹೊರತು ವಯಸ್ಸಿನ ಪುರಾವೆಗೆ
ಲ್ಲ.

2) This card is not a proof of age except for the purpose of election.

YFO5000997