



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

D R O N A V A L L I

Middle Name

S W A R O O P A

Last Name

R A N I

B. Name (as per Aadhaar)

D R O N A V A L L I S W A R O O P A R A N I

2. Gender (select one)

Tick

Male

Tick

Female

Tick

Transgender

3. Date of Birth

0 1

0 1

1 9 5 5

4. Aadhaar Number

7 0 5 3 0 4 4 3 1 2 9 7

5. Residence Address

Flat/Door/Building

1 4 T H W A R D B E H I N D B U S D E P

Road/Street/Block/Sector

T U N G A B H A D R A C O L O N Y

Post Office

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

I N D I A

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 8 4 5 5 5 7 0 4 1

(ii) Email ID

manforever.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

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

S U B B A

Father's Middle Name

Father's Last Name

R A O

14. Mother's First Name	
Mother's Middle Name	
Mother's Last Name	N A G E N D 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	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
(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, **DRONAVALLI SWAROOPA RANI**, 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. **07/09/2026**



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

Name: **DRONAVALLI SWAROOPA RANI**

Designation: **AUTHORIZED PERSON**



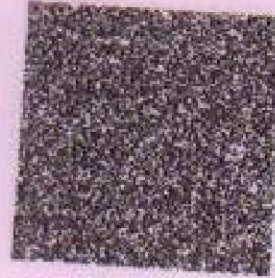
ಭಾರತ ಸರ್ಕಾರ
Government of India

ಭಾರತೀಯ ವಿಶಿಷ್ಟ ಗುರುತು ಪ್ರಾಧಿಕಾರ
Unique Identification Authority of India

ನೋಂದಣಿ ಸಂಖ್ಯೆ / Enrolment No.: 0000/00105/05917

To
ದ್ರೋಣವಲ್ಲಿ ಸ್ವರೂಪ ರಾಣಿ
Dronavalli Swaroopa Rani
Late Venkateshwara Rao
00
14Th Ward Behind Bus Depo
Siruguppa
Tungabhadra Colony
Siruguppa
Ballari Karnataka - 583121
9845557041

Signature valid



ನಿಮ್ಮ ಆಧಾರ್ ಸಂಖ್ಯೆ / Your Aadhaar No. :

7053 0443 1297

VID : 9126 7406 2794 7198

ನನ್ನ ಆಧಾರ್, ನನ್ನ ಗುರುತು



ಭಾರತ ಸರ್ಕಾರ
Government of India



ದ್ರೋಣವಲ್ಲಿ ಸ್ವರೂಪ ರಾಣಿ
Dronavalli Swaroopa Rani
ಜನನ ದಿನಾಂಕ/DOB: 01/01/1955
♀ FEMALE

Issue Date: 27/01/2014

7053 0443 1297

VID : 9126 7406 2794 7198

ನನ್ನ ಆಧಾರ್, ನನ್ನ ಗುರುತು



ಭಾರತ ಚುನಾವಣಾ ಆಯೋಗ

ELECTION COMMISSION OF INDIA

UBB3226800



ಹೆಸರು : ದ್ರೋಣಾವಲ್ಲಿ ಸ್ವರೂಪ ರಾಣಿ

Name : Dronavalli Swaroopa Rani

ಗಂಡನ ಹೆಸರು : ಡಿ ವೆಂಕಟೇಶ್ವರ ರಾವು

Husband's Name : D Venkateshwara Rao

ಲಿಂಗ / Gender : ಮಹಿಳೆ / Female

ಜನ್ಮ ದಿನಾಂಕ / ವಯಸ್ಸು :

Date of Birth / Age : 01-01-1955

e-EPIC - ಇ-ಮತದಾರರ ಭಾವಚಿತ್ರ (ಎಪಿಕ್) ಗುರುತಿನ ಚೀಟಿ