

**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

V A N D R A N I K A L

Middle Name

S A N K A R A N

Last Name

T H A N G A M M A

B. Name (as per Aadhaar)

V S T H A N G A M M A

2. Gender (select one)☐ Tick

Male

☒ Tick

Female

☐ Tick

Transgender

3. Date of Birth

2 1

0 5

1 9 3 9

4. Aadhaar Number

6 3 6 0 5 3 6 1 5 1 0 5

5. Residence Address

Flat/Door/Building

6 9

Road/Street/Block/Sector

S O M A V A R A P E T E T H A L L U K U , 7

Post Office

H O S A K O T E

Area/Locality/Town/City

S O M A V A R A P E T E

District

K O D A G U

State/Union Territory

KARNATAKA

Country/Region

I N D I A

PIN / ZIP CODE

5 7 1 2 3 7

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 9 9 1 2 6 2 6 6 1

(ii) Email ID

dpcommunication5050@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 A N K A R A N

Father's Middle Name

V A N D R A N I K A L

Father's Last Name

T H A N G A P P A

14. Mother's First Name	
Mother's Middle Name	
Mother's Last Name	T H 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	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

V S THANGAMMA

a. I, 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. 22/09/2026



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

Name: V S THANGAMMA

Designation: AUTHORIZED PERSON

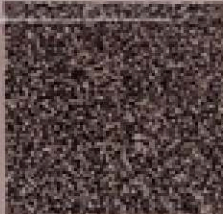



ಭಾರತ ಸರ್ಕಾರ
Government of India

ಭಾರತೀಯ ಏಕೀಕೃತ ಗುರುತು ಪ್ರಾಧಿಕಾರ
Unique Identification Authority of India

ಸೇರಾಂಕ ಸಂಖ್ಯೆ / Enrollment No.: 0639/61113/09580

To
ವಿ ಎಸ್ ತಂಗಮ್ಮ
V S Tangamma
W/O V K Thangappan,
69,
Somavarapete Thaliuku,
VTC: 7 Th Hosakote,
PO: Hoskote,
District: Kodagu,
State: Karnataka,
PIN Code: 571237,
Mobile: 9591262661



1478665709



MG476657098FI

ನಿಮ್ಮ ಆಧಾರ್ ಸಂಖ್ಯೆ / Your Aadhaar No. :

6360 5361 5105

ನನ್ನ ಆಧಾರ್, ನನ್ನ ಗುರುತು



ಭಾರತ ಸರ್ಕಾರ
Government of India



Issue Date : 04/10/2013



ವಿ ಎಸ್ ತಂಗಮ್ಮ
V S Tangamma
ಜನ್ಮ ದಿನಾಂಕ / DOB : 21/05/1939
ಸ್ತ್ರೀ / Female

6360 5361 5105

ನನ್ನ ಆಧಾರ್, ನನ್ನ ಗುರುತು

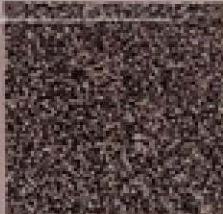



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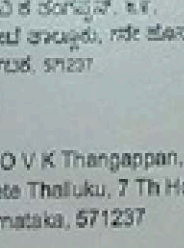
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ಭಾರತ ಸರ್ಕಾರ
Government of India



Print Date : 24/03/2022



ವಿ ಎಸ್ ತಂಗಮ್ಮ
V S Tangamma
ಜನ್ಮ ದಿನಾಂಕ / DOB : 21/05/1939
ಸ್ತ್ರೀ / Female

6360 5361 5105

ನನ್ನ ಆಧಾರ್, ನನ್ನ ಗುರುತು

1947

help@uidai.gov.in

www.uidai.gov.in



सामान्य जानकारी

ಭಾರತ ಚುನಾವಣಾ ಆಯೋಗ
ಗುರುತಿನ ಚೀಟಿ

ELECTION COMMISSION OF INDIA
IDENTITY CARD

UTZ2461770



ಮತದಾರರ ಹೆಸರು : ತಂಗಮ್ಮ

Elector's Name : Thangamma

ಗಂಡನ ಹೆಸರು : ತಂಗಪ್ಪ

Husband's Name : Thangappa

ಲಿಂಗ / Sex : ಸ್ತ್ರೀ / F

ಜನ್ಮ ದಿನಾಂಕ / Date of Birth: 01/01/1939

UTZ2461770

ವಿಳಾಸ : 160ಜಿ, 7ನೇ ಹೊಸಕೋಟೆ 1ರಿಂದ 336ಈ

ರೀಡ್ ಎ

7ನೇ ಹೊಸಕೋಟೆ

ಸೋಮವಾರಪೇಟೆ

ಕೊಡಗು 571237

160J, 7Ne Hosakote

Address : 7Ne Hosakote

Somavarapete

KODAGU - 571237

(Handwritten signature in purple ink)

Date : 05/03/2009

208, ಮಡಿಕೇರಿ ವಿಧಾನ ಸಭಾ ಕ್ಷೇತ್ರದ

ಮತದಾರರ ನೋಂದಣಾಧಿಕಾರಿಗಳ ಅಧಿಕೃತ ಸಹಿ

Facsimile Signature of

Electoral Registration Officer

208, Madikeri Assembly Constituency

ವಿಳಾಸ ಬದಲಾವಣೆಯಾಗಿದ್ದಲ್ಲಿ, ಬದಲಾದ ವಿಳಾಸದ ಮತದಾರರ ಪಟ್ಟಿಯಲ್ಲಿ

ನಿಮ್ಮ ಹೆಸರನ್ನು ಸೇರಿಸಲು ಮತ್ತು ಇದೇ ಸಂಖ್ಯೆಯ ಗುರುತಿನ ಚೀಟಿ ಪಡೆಯಲು

ಮಾತ್ರ ಸಮೂಹದಲ್ಲಿ ಈ ಗುರುತಿನ ಚೀಟಿಯ ಸಂಖ್ಯೆಯನ್ನು ಸಮೂಹಿಸಿ.

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 and to obtain the card with same number.