



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 I N E S H

Middle Name

B U N T S

Last Name

B A L A K R I S H N A

B. Name (as per Aadhaar)

D I N E S H

B B

2. Gender (select one)



Male



Female



Transgender

3. Date of Birth

0 6

1 2

1 9 8 5

4. Aadhaar Number

8 4 4 8 1 3 6 0 6 0 7 0

5. Residence Address

Flat/Door/Building

C / O B A L A K R I S H N A

Road/Street/Block/Sector

K A G G O D L U V I L L A G E A N D P O S

Post Office

K A G G O D L U

Area/Locality/Town/City

K A G G O D L U

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 0 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)



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

7 3 3 8 4 1 5 1 3 3

(ii) Email ID

afreedmh1997@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

B A L A K R I S H N A

14. Mother's First Name	
Mother's Middle Name	
Mother's Last Name	M E E N 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

DINESH B B

a. I, DINESH B B, 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. 17/09/2026



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

Name: DINESH B B

Designation: AUTHORIZED PERSON



सत्यमेव जयते
भारत सरकार



ಭಾರತ ಸರ್ಕಾರ
Government of India

ಭಾರತೀಯ ವಿಶಿಷ್ಟ ಗುರುತು ಪ್ರಾಧಿಕಾರ
Unique Identification Authority of India

ನೋಂದಾವಣೆ ಕ್ರಮ ಸಂಖ್ಯೆ / Enrollment No. : 0129/11032/87240

To

Dinesh B B

ದಿನೇಶ ಬಿ ಬಿ

C/O: Balakrishna,

Kaggodlu village and post,

VTC: Kaggodlu, PO: Kaggodlu,

Sub District: Madikeri, District: Kodagu,

State: Karnataka, PIN Code: 571201,

Mobile: 7338415133

82403327



KF824033274FI



ನಿಮ್ಮ ಆಧಾರ್ ಸಂಖ್ಯೆ / Your Aadhaar No. :

8448 1360 6070

ನನ್ನ ಆಧಾರ್, ನನ್ನ ಗುರುತು



ಭಾರತ ಸರ್ಕಾರ
Government of India



Issue Date: 06/11/2013



ದಿನೇಶ ಬಿ ಬಿ

Dinesh B B

ಜನ್ಮ ದಿನಾಂಕ / DOB: 06/12/1985

ಪುರುಷ / Male

8448 1360 6070

ನನ್ನ ಆಧಾರ್, ನನ್ನ ಗುರುತು



ಭಾರತ ಚುನಾವಣಾ ಆಯೋಗ
ELECTION COMMISSION OF INDIA

ಮತದಾರರ ಫೋಟೋ ಗುರುತಿನ ಚೀಟಿ - Elector Photo Identity Card



TXF3932340



ಹೆಸರು : ದಿನೇಶ ಬಿ ಬಿ

Name : DINESH B B

ತಂದೆಯ ಹೆಸರು : ಬಾಲಕೃಷ್ಣ

Father's Name : BALAKRISHNA

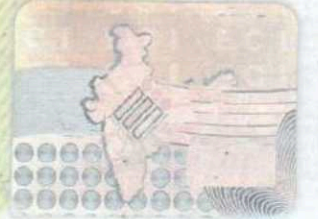
ಲಿಂಗ / Gender : ಪುರುಷ / Male

ಜನ್ಮ ದಿನಾಂಕ/ವಯಸ್ಸು :

Date of Birth / Age : 06-12-1985



TXF3932340



Yathirayana



TXF3932340

ವಿಳಾಸ: 89A, ಕಗ್ಗೋಡ್ಲು, ಕಗ್ಗೋಡ್ಲು, ಕಗ್ಗೋಡ್ಲು, ಕೊಡಗು,
ಕರ್ನಾಟಕ-571201

Address: 89A, KAGGODLU, KAGGODLU, KAGGODLU,
KODAGU, KARNATAKA-571201

ಮತದಾರರ ನೋಂದಣಾಧಿಕಾರಿ, 209 ವೀರಾಜಪೇಟೆ

Electoral Registration Officer, 209 Virajpet

Issue Date: 17-03-2023

ಸೂಚನೆ/Note

1) ಪ್ರತಿ ಚುನಾವಣೆಯ ಮೊದಲು ಪ್ರಸ್ತುತ ಮತದಾರರ ಪಟ್ಟಿಯಲ್ಲಿ ನಿಮ್ಮ ಹೆಸರು ಇದೆಯೇ ಎಂದು
ವರದಿಗೊಳಿಸಿ.

1) Before every election, please check that your name exists in current electoral roll.

2) ಈ ಮತದಾರರ ಗುರುತಿನ ಚೀಟಿಯು ಚುನಾವಣೆಯ ಆಯ್ಕೆ ಪ್ರಕ್ರಿಯೆಗೆ ಹೊರತು ವಯಸ್ಸಿನ ಪುರಾವೆಗೆ

ಅಲ್ಲ.

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

☎ 1950



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