



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

M U R A L I

Middle Name

G U V V A L A H A L L I

Last Name

C H I K K A P P A I A H

B. Name (as per Aadhaar)

M U R A L I G C

2. Gender (select one)

☒ Male ☐ Female ☐ Transgender

3. Date of Birth

1 2 0 6 1 9 9 2

4. Aadhaar Number

3 0 5 4 5 0 8 0 3 4 3 7

5. Residence Address

Flat/Door/Building

G I R I S H A P R

Road/Street/Block/Sector

G R A M A O N E P U R A

Post Office

P U R A

Area/Locality/Town/City

G O W R I B I D A N U R U

District

C H I K K A B A L L A P U R

State/Union Territory

KARNATAKA

Country/Region

INDIA

PIN / ZIP CODE

5 6 1 2 1 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

9 6 6 3 0 8 3 7 5 1

(ii) Email ID

girish.ranganna@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

C H I K K A P P A I A H

15. Name of parent to be printed on Permanent Account Number card (select one) ☒ Father ☐ Mother

16. Assessing Officer (AO Code)	(i) Area Code	K	A	R	(ii) AO Type	W	
	(iii) Range Code	1	2	8	(iv) AO No.	9	4

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

[illegible]

22. Address for Communication (select one) ☒ Residence Address ☐ Representative Assessee Address ☐ Office Address

☒ (i) Proof of Identity ☒ (ii) Proof of Address ☒ (iii) Proof of Date of Birth

☐ Tick (i) Proof of Identity ☐ Tick (ii) Proof of Address

MURALI G C **SELF**
a. I,, in the capacity of(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. CHIKKABALLAPUR

Date..23/09/2026

Murali G.C

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

Name: MURALI G C

Designation: **AUTHORIZED PERSON**



ಭಾರತ ಸರ್ಕಾರ
Government of India

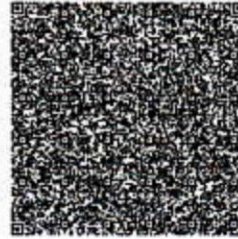
ಭಾರತೀಯ ವಿಶಿಷ್ಟ ಗುರುತು ಪ್ರಾಧಿಕಾರ
Unique Identification Authority of India

ನೋಂದಣಿ ಸಂಖ್ಯೆ/ Enrolment No.: 0821/83856/09369

To
ಮುರಳಿ ಜಿ ಸಿ
Murali G C
S/O: Chikdappalah,
00,
Gevala Halli,
Gaurihidnur,
VTC: Bislahalli,
PO: Bislahalli,
Sub District: Gaurihidnur,
District: Chikkaballapur,
State: Karnataka,
PIN Code: 561211

Signature: 990048915

Digital Signature of User
Generated by UIDAI
Date: 20/06/2018 10:08:34
001



ನಿಮ್ಮ ಆಧಾರ್ ಸಂಖ್ಯೆ / Your Aadhaar No.:
3054 5080 3437
VID : 9181 6319 6903 3081



ಭಾರತ ಸರ್ಕಾರ
Government of India

Aadhaar no. issued: 08/06/2018



ಮುರಳಿ ಜಿ ಸಿ
Murali G C
ಜನ್ಮ ದಿನಾಂಕ/DOB: 12/06/1992
ವೈರುಷ/ MALE

ಆಧಾರ್ ಗುರುತಿನ ಪ್ರಮಾಣವಾಗಿದೆ, ಜೊತೆಗೆ ಪರವಾನಗಿ ದಿನಾಂಕದ ಪ್ರಮಾಣವಲ್ಲ. ಇದನ್ನು ಆಧಾರ್‌ನಲ್ಲಿ ದೃಢೀಕರಣ ಇದ್ದರೂ ಒಣ ಕೋಡ್ / ಆಧಾರ್‌ನಲ್ಲಿ ಒಣ ಕೋಡ್ ನಿರ್ಧಾರವಾಗಿ ಮಾತ್ರ ಬಳಸಬಹುದು.

Aadhaar is proof of identity, not of citizenship or date of birth. It should be used only with verification (online authentication or scanning of QR code / offline XML)

3054 5080 3437

ನನ್ನ ಆಧಾರ್. ನನ್ನ ಗುರುತು



ಭಾರತ ಚುನಾವಣಾ ಆಯೋಗ
ಗುರುತಿನ ಚೀಟಿ

ELECTION COMMISSION OF INDIA
IDENTITY CARD

NMO3121001



ಮತದಾರರ ಹೆಸರು : ಜಿ.ಸಿ.ಮುರಳಿ

Elector's Name : G.C.Murall

ತಂದೆಯ ಹೆಸರು : ಚಿಕ್ಕಪಯ್ಯ

Father's Name : Chikkapayya

ಲಿಂಗ / Sex : ಪುರುಷ/Male

ಜನ್ಮದಿನಾಂಕ/Date of Birth : 12/6/1992

ವಿಳಾಸ / Address :

NMO3121001

- ಗುವ್ವಿಹಳ್ಳಿ

ಗೌರಿಬಿದನೂರು

ಚಿಕ್ಕಬಳ್ಳಾಪುರ - 561211

- Guvviahalli

Gowribidanuru

Chikkaballapur - 561211



Date : 14/01/2011

141 - ಚಿಕ್ಕಬಳ್ಳಾಪುರ

ವಿಧಾನ ಸಭಾ ಕ್ಷೇತ್ರದ ಮತದಾರರ
ಸೂಚನಾಧಿಕಾರಿಯವರ ಅಧಿಕೃತ ಸಹಿ

Facsimile Signature of
Electoral Registration Officer

141 - Chikkaballapur Assembly Constituency

ಚಿಕ್ಕಬಳ್ಳಾಪುರ ವಿಧಾನಸಭಾ ಕ್ಷೇತ್ರದ ಮತದಾರರ
ಸೂಚನಾಧಿಕಾರಿಯವರ ಅಧಿಕೃತ ಸಹಿ
ಅಥವಾ ಸಹಿಮಾನ್ಯರ ಸಹಿ

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.

028/09/09