

**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

S U N I L

Middle Name

D E V A D I G A

Last Name

S H E K H A R

B. Name (as per Aadhaar)

S U N I L D S

2. Gender (select one)

Male



Female



Transgender

3. Date of Birth

0

3

0

9

1

9

9

6

4. Aadhaar Number

2

0

8

9

0

0

5

6

7

3

0

5

5. Residence Address

Flat/Door/Building

M A N U K U L A C O M P O U N D

Road/Street/Block/Sector

D E C H U R

Post Office

M A D I K E R I

Area/Locality/Town/City

M A D I K E R I

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

6

2

4

9

5

6

9

3

9

(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

S H E K H A R

Father's Middle Name

D E V A D I G A

Father's Last Name

R A M A N N A

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	3	2	1	(iv) AO No.	9	1

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

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

a. I, SUNIL D S, 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..08/10/2026

Sunil

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

Name: SUNIL D S

Designation: **AUTHORIZED PERSON**



1947



ಭಾರತ ಚುನಾವಣಾ ಆಯೋಗ
ELECTION COMMISSION OF INDIA

ಮತದಾರರ ಪೋಟೊ ಗುರುತಿನ ಚೀಟಿ - Elector Photo Identity Card



UTZ4012662



ಹೆಸರು: ಸುನೀಲ್ ಡಿ ಎಸ್

Name: Sunil D S

ತಂದೆಯ ಹೆಸರು: ಶೇಖರ್ ಡಿ ಆರ್

Father's Name: Shekar D R

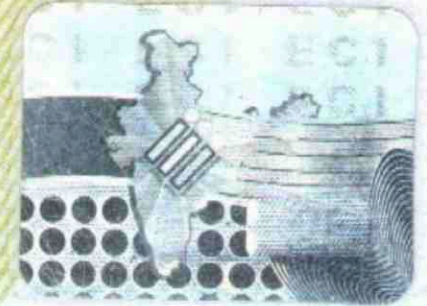
ಲಿಂಗ / Gender: ಗಂಡು / Male

ಜನ್ಮ ದಿನಾಂಕ / ವಯಸ್ಸು:

Date of Birth / Age: 03-09-1996



UTZ4012662



Vinayale



UTZ4012662

ವಿಳಾಸ: ಮನುಕುಲ ಕಂಪೌಂಡ್, ಡೇಚೂರ್, ಮಡಿಕೇರಿ, ಮಡಿಕೇರಿ, ಕೊಡಗು, ಕರ್ನಾಟಕ
- 571201

Address: MANUKULA COMPOUND, DECHUR, MADIKERI,
MADIKERI, KODAGU, KARNATAKA - 571201

ಮತದಾರರ ನೋಂದಣಾಧಿಕಾರಿ, 208 - ಮಡಿಕೇರಿ

Electoral Registration Officer, 208 - Madikeri

Issue Date: 12-10-2024

ಸೂಚನೆ / Note:

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

Before every Election, please check that your name exists in current electoral roll.

2) ಈ ಮತದಾರರ ಗುರುತಿನ ಚೀಟಿಯು ಚುನಾವಣೆ ಉದ್ದೇಶಕ್ಕೆ ಹೊರತು ವಯಸ್ಸಿನ ಪುರಾವೆಗೆ ಅಲ್ಲ

This card is not a proof of age except for purpose of Election.



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