Recent colour photograph.of the applicant (4.5 cm x 3.5 cm) with Sign/Left thumb impression across the photo of the applicant

FORM NO. 93
[*See* rule 158]
Application for Allotment of Permanent Account Number
[For an Individual being a Citizen of India]

Recent colour photograph. of the applicant (4.5 cm x 3.5 cm)

S. No.	PART A - Personal Information	
1	**A. Name** **First Name** **Middle Name** **Last Name**	
	B. Name *(as per Aadhaar)*	
2	**Gender** *(select one)*	☐ Male ☐ Female ☐ Transgender
3	**Date of Birth**	
4	**Aadhaar Number**	
5	**Residence Address** Flat/Door/Building Road/Street/ Block/Sector Post Office Area/Locality/Town/City District State/Union Territory	**PIN/ZIPCODE** **Country/Region**
6	**Office Address** Flat/Door/Building Road/Street/ Block/Sector Post Office Area/Locality/Town/City District State/Union Territory	**PIN/ZIPCODE** **Country/Region**
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 (ii) Email ID (iii) Landline No. with STD Code *(if any)*	Country Code Mobile Number Area/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 name** **First Name** **Middle Name** **Last Name**	
14	**Mother's Name** **First Name** **Middle Name** **Last Name**	
15	**Name of parent to be printed on Permanent Account Number card** *(select one)*	☐ Father ☐ Mother

PART D - Assessing Offcer Code (AO Code)

16	**AO Code Details**	(i) Area Code ☐☐☐ (ii) AO Type ☐☐ (iii) Range Code ☐☐☐ (iv) AO No. ☐☐

PART E- Representative Assessee, if applicable

17	**Representative Assessee Name** **First Name** **Middle Name** **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	**PIN/ZIPCODE** **Country/Region**
21	**Contact Details** (i) Mobile Number (ii) Email ID (iii) Landline No. with STD Code *(if any)*	Country Code Mobile Number Area/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, _____ , 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_____

Date _____

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

Name: _____

Designation: _____