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)

Sr. No.	PART A - Personal Information

1. A. Name

First Name

Middle Name

Last Name

B. Name *(as per Aadhaar)*

2. Gender *(select one)* Tick Male Tick Female Tick Transgender

3. Date of Birth d d m m y y y y

4. Aadhaar Number

5. Residence Address

Flat/Door/Building

Road/Street/Block/Sector

Post Office

Area/Locality/Town/City

District

State/Union Territory | Country/Region | PIN / ZIP CODE

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 | Mobile Number

(ii) Email ID

(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

Father's Middle Name

Father's Last Name

14. Mother's First Name

Mother's Middle Name

Mother's Last Name

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

PART D - Assessing Officer (AO Code)

16. Assessing Officer (AO Code)

(i) Area Code (ii) AO Type

(iii) Range Code (iv) AO No.

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)* Tick Residence Address Tick Representative Assessee Address Tick 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

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

24. Documents submitted as Proof of Identity, Proof of Address of Representative Assessee

Tick (i) Proof of Identity Tick (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: _____