

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. 95
[See rule 158]
Application for Allotment of Permanent Account Number
[For an Individual not 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. Name

First Name
Middle Name
Last Name

2. Gender (select one) Male Female Transgender

3. Date of Birth

4. Aadhaar Number (if any)

5. Country of Citizenship

6. Citizenship Type (select one) Foreigner Person of Indian Origin Overseas Citizen of India

7. Passport Number (if any)

8. Taxpayer Identification Number (TIN) in the Country of Residence

9. Residence Address

Flat/Door/Building
Road/Street/Block/Sector
Post Office
Area/Locality/Town/City
District
State/Union Territory Country/Region PIN / ZIP CODE

10. Office Address

Flat/Door/Building
Road/Street/Block/Sector
Post Office
Area/Locality/Town/City
District
State/Union Territory Country/Region PIN / ZIP CODE

11. Contact Details

(i) Mobile Number Country Code Mobile Number

(ii) Email ID

(iii) Landline No. with Country/ISD Code and Area/STD Code (if any) Country/ISD Code Area/STD Code

Landline Number

PART B - Source of Income

12. 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

13. Whether mother/father is a single parent? (select one) Yes No

14. Father's First Name

Father's Middle Name

Father's Last Name

15. Mother's First Name

Mother's Middle Name

Mother's Last Name

16. Name of parent to be printed on Permanent Account Number card (select one)

Father

Mother

PART D - Assessing Officer (AO Code)

17. Assessing Officer (AO Code)

(i) Area Code

(ii) AO Type

(iii) Range Code

(iv) AO No.

PART E- Representative Assessee, if applicable

18. RA's First Name

RA's Middle Name

RA's Last Name

19. Permanent Account Number (if any)

20. Aadhaar Number (if Permanent Account Number is not available)

21. Representative Assessee Address

Flat/Door/Building

Road/Street/Block/Sector

Post Office

Area/Locality/Town/City

District

State

Country/Region

PIN / ZIP CODE

22. 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

23. 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

24. 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

25. 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: _____