

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: \_\_\_\_\_