

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

MANISH

Middle Name

Last Name

SINGH

B. Name (as per Aadhaar)

MANISH SINGH

2. Gender (select one)

☒ Male ☐ Female ☐ Transgender

3. Date of Birth

06 09 1990

4. Aadhaar Number

2234XXXX5678

5. Residence Address

Flat/Door/Building

#110 DEVI NAGAR

Road/Street/Block/Sector

SECTOR 4

Post Office

PANCHKULA

Area/Locality/Town/City

PANCHKULA

District

HARYANA

Country/Region

INDIA

PIN / ZIP CODE

134109

State/Union Territory

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

91

Mobile Number

8567124532

(ii) Email ID

MANISH.SINGH@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

SHAM

Father's Middle Name

Father's Last Name

SINGH

Mother name is mandatory

14. Mother's First Name RANI
Mother's Middle Name
Mother's Last Name DEVI

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

PART D - Assessing Officer (AO Code)

16. Assessing Officer (AO Code)
(i) Area Code NWR (ii) AO Type OW
(iii) Range Code 44 (iv) AO No. 01

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

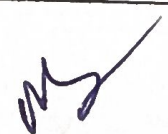
22. Address for Communication (select one) ☒ Residence Address ☐ Representative Assessee Address ☐ Office Address

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, MANISH SINGH, in the capacity of HIMSELF (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 PANCHKULA
Date 06/01/2026



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

Name: MANISH SINGH

Designation: SELF