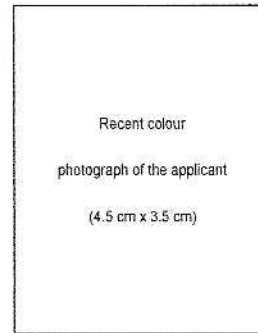


Ram Mondal

FORM NO. 93

[See rule 158]

**Application for Allotment of Permanent Account Number
[For an Individual being a Citizen of India]**



Sr. No. PART A - Personal Information

1. A. Name

First Name **RAM**
Middle Name
Last Name **MONDAL**

B. Name (as per Aadhaar)

RAM MONDAL

2. Gender (select one)

Male Female Transgender

3. Date of Birth

01 01 1995

4. Aadhaar Number

222233334444

5. Residence Address

Flat/Door/Building **RATHIN MONDAL**
Road/Street/Block/Sector **KRISHPARA**
Post Office **DOGACHHI**
Area/Locality/Town/City **KOTWALI**
District **NADIA**
State/Union Territory **WEST BENGAL** Country/Region **INDIAN** PIN / ZIP CODE **741101**

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 **9700000000**
(ii) Email ID **ABCD12@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

RATHIN
Father's Middle Name
Father's Last Name **MONDAL**

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) Father Mother

PART D - Assessing Officer (AO Code)

16. Assessing Officer (AO Code) (i) Area Code **W B G** (ii) AO Type **W**
(iii) Range Code **1 5 6** (iv) AO No. **9 1**

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

Minor only

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, RAM MONDAL, in the capacity of INDIVIDUAL (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: BOGAKHI

Date: 01-04-2026

Ram Mondal.

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

Name: RAM MONDAL

Designation: _____

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) 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 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) 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 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) 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
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)** Father 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)** Residence Address Representative Assessee Address Office Address

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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: _____