"**FORM NO. 171**
[*See* rules 256 and 257]

Form of application for registration as authorised income-tax practitioner under section 515 of Income-tax Act, 2025 (30 of 2025)

To

*Chief Commissioner or Commissioner of Income-tax,

_____

Sir/Madam,

I hereby apply for registration as authorised income-tax practitioner under section 515(3)(a)(v) or (vi) or (vii) or (viii).

Part A: Personal Information

1.	Name			*(Refer Note 1)*	
2.	Gender (*Select One*)			(i) Male (ii) Female (iii) Transgender	
3.	Permanent Account Number (PAN)				
4.	Name of *Father/Husband			*(Refer Note 1)*	
5.	Permanent Residential Address			*(Refer Note 2)*	
6.	Present Residential Address			*(Refer Note 2)*	
7.	Contact Details				
	(i)	Mobile Number		Country Code	Number
	(ii)	Email ID			
8.	Principal Place of Profession in India				
9.	(i)	Whether partner in a firm, (*Select One*)		(i) Yes (ii) No	
	(ii)	If the answer to row 9(i) is yes, then provide following details of the firm:			
		(a)	Name	*(Refer Note 1)*	
		(b)	PAN		
		(Repeat, if required)			

Part B: Declaration by Applicant

10.	(i)	(a)	Details of prescribed educational qualifications	*[Free Text]*	
		(b)	Attach true copy of the certificate mentioned in row 10(i)(a)	*(Refer Note 3)*	
			(Repeat, if required)		
	(ii)	(a)	Are you registered as authorised income-tax practitioner under Income-tax Act, 1961 (43 of 1961)?	*(i) Yes* *(ii) No*	
		(b)	If the answer to 10(ii)(a) is yes, then upload valid certificate of registration	*(Refer Note 3)*	
	(iii)	Any other details (For the purposes of eligibility)		*(Refer Note 3)*	
	(iv)	(a)	Whether you have been disqualified from applying for registration by reason of any of the provisions contained in section 515(4) or (5) or (7) (*Select One*)	(i) Yes (ii) No	

		(b)	If the answer to 10(iv)(a) is yes, then please specify whether you are disqualified permanently under section 515(4)(a) or section 515(5)(b) or section 515(7)	(i) Yes (ii) No
		(c)	If the answer to 10(iv)(b) is No, then please specify the date till which you are disqualified	dd/mm/yyyy

I certify that I have been practicing before income-tax authorities for not less than one year and that I have not so far made any application under Income-tax Act, 2025 (30 of 2025) for registration as an authorised income-tax practitioner to any other Chief Commissioner or Commissioner of Income-tax.

Place:
Date:

_____
(**Signature)**

Verification

I, _____ [*name in block letters*], do declare that what is stated in the above application is true to the best of my information and belief.

Place:
Date:

_____
(**Signature)**

*Delete whichever is not applicable

Notes:

1. First, middle and last name shall be provided in full without any abbreviations.
2. The address shall contain (i) Country/Region, (ii) Flat/Door/Building, (iii) Road/Street/Block/Sector, (iv) PIN/ZIP Code, (v) Post Office, (vi) Area/locality, (vii) District, and (viii) State. The address may also contain DIGIPIN.
3. With respect to row 10, following documents shall be provided as annexures, namely:

Annexure	Particulars
A-1	True copy of the certificate enclosed as mentioned in row 10(i)(b).
A-2	Valid certificate of Registration as mentioned in row 10(ii)(b).
A-3	Any other detail for the purposes of eligibility as mentioned in row 10(iii).

4. Some of the information in the form would be pre-filled to the extent possible.”.