

Form No. 49A

Application for Allotment of Permanent Account Number

[In the case of Indian Citizens/Indian Companies/Entities incorporated in India/ Unincorporated entities formed in India]

See Rule 114

To avoid mistake (s), please follow the accompanying instructions and examples before filling up the form



Assessing officer (AO code)

Area code	AO type	Range code	AO No.
PTN	W	57	92

Rishabh Deo Prasad

Signature / Left Thumb Impression

Sir,

I/We hereby request that a permanent account number be allotted to me/us.

I/We give below necessary particulars:

1 Full Name (Full expanded name to be mentioned as appearing in proof of identity/date of birth/address documents: initials are not permitted)

Please select title, ☑ as applicable ☑ Shri ☐ Smt. ☐ Kumari ☐ M/s

Last Name / Surname: PRASAD

First Name: RISHABH

Middle Name: DEO

2 Abbreviations of the above name, as you would like it, to be printed on the PAN card

RISHABH DEO PRASAD

3 Have you ever been known by any other name? ☐ Yes ☑ No **(please tick as applicable)**

If yes, please give that other name

Please select title, ☑ as applicable ☐ Shri ☐ Smt. ☐ Kumari ☐ M/s

Last Name / Surname:

First Name:

Middle Name:

4 Gender (for Individual applicants only) ☑ Male ☐ Female ☐ Transgender **(please tick as applicable)**

5 Date of Birth/Incorporation/Agreement/Partnership or Trust Deed/ Formation of Body of individuals or Association of Persons

Day	Month	Year
14	12	2007

6 Details of Parents (applicable only for individual applicants)

Whether mother is a single parent and you wish to apply for PAN by furnishing the name of your mother only?

☐ Yes ☑ No (please tick as applicable)

If yes, please fill in mother's name in the appropriate space provide below.

Father's Name (Mandatory except where mother is a single parent and PAN is applied by furnishing the name of mother only)

Last Name / Surname: PRASAD

First Name: SHASHI

Middle Name: DEO

Mother's Name (optional except where mother is a single parent and PAN is applied by furnishing the name of mother only)

Last Name / Surname:

First Name:

Middle Name:

Select the name of either father or mother which you may like to be printed on PAN card (*Select one only*)

☑ Father's name ☐ Mother's name *(Please tick as applicable)*

(In case no option is provided then PAN card will be issued with father's name except where mother is a single parent and you wish to apply for PAN by furnishing name of the mother only)'.

7 Address

Residence Address

Flat / Room / Door / Block No.: S/O-SHASHI DEO PRASAD

Name of Premises / Building / Village: SUNDAR NAGAR

Road / Street / Lane/Post Office: BHURKUNDA BAZAR

Area / Locality / Taluka/ Sub- Division: PATRATU

Town / City / District: RAMGARH

State / Union Territory: JHARKHAND

Pincode / Zip code: 829106

Country Name: INDIA

Office Address

Name of office

Flat / Room / Door / Block No.

Name of Premises / Building / Village

Road / Street / Lane/Post Office

Area / Locality / Taluka/ Sub- Division

Town / City / District

State / Union Territory | Pincode / Zip code | Country Name

8 **Address for Communication** ☑ Residence ☐ Office (Please tick as applicable)

9 **Telephone Number & Email ID details**

Country code: +91 | Area/STD Code | Telephone / Mobile number: 9334572645

Email ID: RISHABHRDP.5807@GMAIL.COM

10 **Status of applicant**

Please select status, ☑ as applicable

☑ Individual ☐ Hindu undivided family ☐ Company ☐ Partnership Firm ☐ Government

☐ Association of Persons ☐ Trusts ☐ Body of Individuals ☐ Local Authority ☐ Artificial Juridical Persons

☐ Limited Liability Partnership

11 **Registration Number (for company, firms, LLPs etc.)**

12 **In case of a person, who is required to quote Aadhaar number or the Enrolment ID of Aadhaar application form as per section 139 AA**

Please mention your AADHAAR number (if allotted): 277089345747

If AADHAAR number is not allotted, please mention the enrolment ID of Aadhaar application form

Name as per AADHAAR letter or card or as per the Enrolment ID of Aadhaar application form: RISHABH DEO PRASAD

13 **Source of Income** *Please select, ☑ as applicable*

☐ Salary

☐ Income from Business / Profession — Business/Profession code ☐☐ [For Code: Refer instructions]

☐ Income from House property

☐ Capital Gains

☑ Income from Other sources

☐ No income

14 **Representative Assessee (RA)**

Full name, address of the Representative Assessee, who is assessible under the Income Tax Act in respect of the person, whose particulars have been given in the column 1-13.

Full Name (Full expanded name : initials are not permitted)

Please select title, ☑ as applicable ☐ Shri ☐ Smt. ☐ Kumari ☐ M/s

Last Name / Surname

First Name

Middle Name

Address

Flat / Room / Door / Block No.

Name of Premises / Building / Village

Road / Street / Lane/Post Office

Area / Locality / Taluka/ Sub- Division

Town / City / District

State / Union Territory | Pincode

15 **Documents submitted as Proof of Identity (POI), Proof of Address (POA) and Proof of Date of Birth (POB)**

I/We have enclosed ADHAR as proof of identity, ADHAR as proof of address and ADHAR as proof of date of birth.

[Please refer to the instructions (as specified in Rule 114 of I.T. Rules, 1962) for list of mandatory certified documents to be submitted as applicable]

[Annexure A, Annexure B & Annexure C are to be used wherever applicable]

16 I/We RISHABH DEO PRASAD, the applicant, in the capacity of SELF do hereby declare that what is stated above is true to the best of my/our information and belief.

Place : BHURKUNDA

Date : D D M M Y Y Y Y — 20/01/2025

Rishabh Deo Prasad

Signature / Left Thumb Impression of Applicant (inside the box)

Note: As per provisions of Section 272B of the Income Tax Act., 1961, a penalty of ₹ 10,000 can be levied on possession of more than one PAN.

भारत सरकार
Government of India

आधार

भारतीय विशिष्ट पहचान प्राधिकरण
Unique Identification Authority of India

नामांकन क्रम/ Enrolment No.: 2719/29106/17309

To
ऋषभ देव प्रसाद
Rishabh Deo Prasad
S/O: Shashi Deo Prasad
Sundar Nagar
Post-Bhurkunda Bazar
Bicha
Ramgarh Jharkhand - 829106
9334572645

Signature Not Verified

आपका आधार क्रमांक / Your Aadhaar No. :

2770 8934 5747

VID : 9185 5726 1091 4169

मेरा आधार, मेरी पहचान

भारत सरकार
Government of India

आधार



ऋषभ देव प्रसाद
Rishabh Deo Prasad
जन्म तिथि/DOB: 14/12/2007
पुरुष/ MALE

Issue Date: 11/01/2018

2770 8934 5747

VID : 9185 5726 1091 4169

मेरा आधार, मेरी पहचान

Rishabh Deo Prasad