

FORM NO. 136

Application for allotment of Accounts Office Identification Number (AIN)

Row No.	Particulars of the applicant		
1.	Category of the applicant <i>(select anyone)</i>	<input type="checkbox"/> Central Government <input type="checkbox"/> State Government	
2.	Name of Ministry <i>(applicable for Central Government)</i> <i>(Ministry code is provided in Annexure-I)</i>		
3.	Sub Ministry Name <i>(applicable for Civil Ministry)</i> <i>(Sub-Ministry code is provided in Annexure-II)</i>		
4.	Sub Ministry Name <i>(other than at Sl. No. 3)</i>		
5.	Name of State <i>(applicable for State Government)</i> <i>(mention code as per Annexure-III)</i>		
6.	Name of Office		
7.	Name of Department		
8.	Pay and Accounts Officer (PAO)/District Treasury Officer (DTO)/Cheque Drawing and Disbursing Officer (CDDO) Code		
9.	PAO/DTO/CDDO Registration Number <i>(provided by Central Record Keeping Agency)</i>		
10.	PAO/DTO/CDDO Tax Deduction and Collection Account Number <i>(provided by Income-tax Department)</i>		
11.	Address		
	Contact number	Country Code	<i>Number</i>
12.	E-mail ID		
13.	Permanent Account Number of the PAO/DTO/CDDO making the application		

DECLARATION

I _____ (name of the signatory) having Permanent Account Number..... in my capacity as _____, of (name of the applicant) do hereby declare that what is stated above is true to the best of my knowledge and belief,

I _____ (name of the signatory) also declare that after allotment of AIN, if the same is not utilized for six months for filing Form No. 137 statements, the reason thereof will be communicated to the jurisdictional Commissioner of Income-tax (TDS) and

I _____ (name of the signatory) also undertake that after allotment of AIN, if the same is not used for filing Form No. 137 statements owing to any reason, the same will be surrendered to the jurisdictional Commissioner of Income-tax (TDS).

Date:

(Signature)

Place:

Name:

Designation:

COUNTER-VERIFICATION BY THE SUPERVISORY AUTHORITY ABOVE
PAO/CDDO/DTO:

I _____ (name of supervisory authority) having PAN _____ in my capacity as _____ do hereby declare that the applicant i.e. Shri/ Smt. /Ms. _____ Son/Daughter/Wife of _____ is an employee (designation) _____ of (name of the government office with complete address) _____ and the information furnished in the application is true to the best of my knowledge and belief.

(Signature)

Seal

(Name & Designation)

(Seal of the office)

Annexure-I --- Ministry Name		
Ministry name	Ministry name code	
Civil		01
Railway		02
Defence		03
Telecommunication		04
Post		05

Annexure-II - Sub ministry name		
Sub ministry name	Sub ministry name code	
Agriculture		01
Atomic Energy		02
Fertilizers		03
Chemicals & Petrochemicals		04
Civil Aviation & Tourism		05
Coal		06
Consumer Affairs, Food & Public Distribution		07
Commerce & Textiles		08
Environment & Forest and Ministry of Earth Science		09
External affairs and Overseas Indian affairs		10
Finance		11
Central Board of Direct Taxes		12
Central Board of Excise and Customs		13
Controller of Aid Accounts and Audit		14
Central Pension Accounting Office		15
Food Processing Industries		16
Health and Family Welfare		17
Home Affairs and development of North-Eastern Region		18
Human Resource Development		19
Industry		20
Information and Broadcasting		21
Telecommunication and Information Technology		22
Labour		23
Law and Justice and Company Affairs		24
Personnel, Public Grievances and Pensions		25
Petroleum and Natural Gas		26
Planning, Statistics and Programme Implementation		27
Power		28
New and Renewable Energy		29
Rural Development and Panchayati Raj		30
Science and Technology		31
Space		32
Steel		33
Mines		34
Social Justice and Empowerment		35
Tribal Affairs		36
D/o of Commerce (Supply Division)		37
Shipping and Road Transport and Highways		38
Urban Development, Urban Employment and Poverty Alleviation		39

Water Resources	40
President's Secretariat	41
Lok Sabha Secretariat	42
Rajya Sabha Secretariat	43
Election Commission	44
Andaman and Nicobar Islands Administration	45
Chandigarh Administration	46
Dadra and Nagar Haveli	47
Goa, Daman and Diu	48
Lakshadweep	49
Pondicherry Administration	50
Pay and Account Officers (Audit)	51
Non-conventional energy sources	52
Government of NCT of Delhi	53
Others	54

Annexure-III -- State name

State name	State code
Andaman and Nicobar Islands	01
Andhra Pradesh	02
Arunachal Pradesh	03
Assam	04
Bihar	05
Chandigarh	06
Dadra & Nagar Haveli and Daman & Diu	07
Delhi	09
Goa	10
Gujarat	11
Haryana	12
Himachal Pradesh	13
Jammu & Kashmir	14
Karnataka	15
Kerala	16
Lakshwadeep	17
Madhya Pradesh	18
Maharashtra	19
Manipur	20
Meghalaya	21
Mizoram	22
Nagaland	23
Orissa	24
Pondicherry	25
Punjab	26
Rajasthan	27
Sikkim	28
Tamil Nadu	29
Tripura	30
Uttar Pradesh	31
West Bengal	32
Chatishgarh	33
Uttaranchal	34
Jharkhand	35
Telangana	36
Ladakh	37