

FORM NO. 136

[See rule 218(8)(b)]

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 and 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