Application for allotment of Accounts Office Identification Number (AIN)

To,													
CIT (TDS)													
Name of CIT Office:													
Address of CIT Office:													
Sir,													
We hereby request that an Accounts Office Identification number be allotted to us. We give below necessary particulars.													
[Fields marked with * are mandatory. Please refer the instructions before filling the form]													
1. Category of the applicant * (Tick ✓ as applicable) Central Government State Government													
Name of Ministry (Applicable for Central Government) (Mention Ministry code as per Annexure I)													
2.1 Sub Ministry Name: (Applicable for Civil Ministry code as per Annexure II)													
2.2 Sub Ministry Name (Other):													
 													
3. Name of State (Applicable for State Government): (Mention code as per Annexure III) 4. Name of Office:*													
5. Name of Department													

6. PAO/DTO/CDDO Code:													
7. PAO/DTO/CDDO Registration No.: (Provided by Central Record Keeping Agency)													
8. PAO/DTO/CDDO TAN:*													
(Provided by Income tax Department)													
9. Address of Applicant:													
Flat / Door / Block No.													
Name of Premises / Building / Village													
Road / Street / Lane / Post village													
Area / Locality / Taluka / Sub-Division													
Town / City / District*													
State / Union Territory*													
DINIC 1 *													
PIN Code:*													
STD Code:													
Phone No:													
Mobile No:													
(Either telephone number or mobile number is mandatory.)													

10.	E-M	ail Id	.*																				
																					_		ļ
			8	v.					2			-								-	4	3 8	ŀ
	<u> </u>			Ļ	<u> </u>	<u> </u>	<u> </u>				<u> </u>	<u> </u>					<u> </u>	<u> </u>	Ļ		_		l
de Da	I/We																						
	For CIT (TDS) office use																						
	Verification by CIT (TDS)																						
The above application is completely filled and recommended for AIN allotment.																							
	Date	: :								9	Signa	ature	of C	IT (T	DS)							 	
Place: Name of CIT (TDS):																							
											Addı	ress (of CI	T (TI	DS):								
Seal of the office:																							

Duly verified form should be forwarded by CIT (TDS) to below address.

NSDL e-Governance Infrastructure Limited. 1ST Floor, Times Tower Kamala Mills Compound, Senapati Bapat Marg, Lower Parel Mumbai - 400013