FORM NO. 136

[*See* rule 218(8)(b)]

Application Form for Change in Accounts Office Identification Number (AIN)

☐ Category of the applicant (select anyone)

Central Government		State Government	

☐ Name of Ministry:
(Applicable for Central Government)
(Ministry code is provided in Annexure-I)

☐ Sub Ministry Name:
(Applicable for Civil Ministry)
(Sub-Ministry code is provided in Annexure-II)

☐ Sub Ministry Name (other than at Sl. No. 3):

☐ Name of State:
(Applicable for State Government)
(Mention code as per Annexure III)

☐ Name of Office:

☐ Name of Department:

☐ Pay and Accounts Officer (PAO)/District Treasury Officer (DTO)/Cheque Drawing and Disbursing Officer (CDDO) Code:

☐ PAO/DTO/CDDO Registration No.:
(Provided by Central Record Keeping Agency)

☐ PAO/DTO/CDDO Tax Deduction and Collection Account Number:
(Provided by Income tax Department)

☐ 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:

PIN Code:

STD/Country Code:

Contact No:

☐ E-Mail Id:

☐ 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)