## Instruction for filling the AIN application form

- 1. Form is to be filled legibly in **ENGLISH** in **BLOCK LETTERS**.
- 2. While filling the form, each box, wherever provided, should contain only one character (alphabet/number/punctuation mark) leaving a blank box after each word.
- 3. The application for AIN allotment is to be sent to the jurisdictional CIT (TDS) by the PAO/DTO / CDDO. Details of the CIT (TDS) are to be mentioned in the application for allotment of AIN.
- 4. Form should be filled up completely.
- 5. Fields marked with (\*) are mandatory.

Item	Item Details	Guidelines for filling up the form												
No.	Item Details													
2	Category of the applicant Name of Ministry	Tick in appropriate box (i.e. either Central Government or State Government)  If PAO/DTO/CDDO Category is 'Central Government' mention the Ministry code corresponding to the Ministry as per list provided in												
		Annexure I. For example if Ministry is 'Railway', mention code '02'.												
2.1	Sub Ministry Name	In case Name of Ministry is 'Civil (01)', it is mandatory to provide the code corresponding to Sub Ministry as per list provided in Annexure II. For example if Sub Ministry is 'Agriculture' mention code '01', if Sub Ministry is 'Atomic Energy' mention code '02'. If Sub Ministry Name is not present in Annexure II, mention code '99'.												
2.2	Sub Ministry Name (Other)	In case code '99' is mentioned in field no. 2.1 i.e. Sub Ministry Name, it is mandatory to mention the Sub Ministry Name. In such cases the Sub Ministry Name should be other than that in Annexure II.												
3	Name of State	If PAO/DTO/CDDO Category is 'State Government' mention the State code as per list provided in Annexure III. For example if State is 'Uttar Pradesh', mention code '31'.												
4	Name of Office	Provide the Name of Office of PAO/DTO/CDDO. Example if name of office is 'DIRECTORATE OF INCOME TAX (SYSTEMS)' it should be mentioned as below.    D												
5	Name of Department	Provide the Name of Department of PAO/DTO/CDDO. Example if name of office is 'DEPARTMENT OF REVENUE' it should be mention as below    D E P A R T M E   N T O F R E   V E N U E I												
6	PAO/DTO/CDDO Code	Mention PAO/DTO/CDDO code provided by Ministry / State Government.  For example in PAO/DTO/CDDO is 0046 it should be mention as below.												

7	PAO/DTO/CDDO	Mention the 7 digit PAO Registration Number provided by Central										
	Registration Number	Record Keeping Agency. Example if PAO/DTO/CDDO Registration										
		No. 1003686										
		1 0 0 3 6 8 6										
8	PAO/DTO/CDDO	Mention the 10 digit TAN issued by the Income Tax Department.										
	TAN	Example if TAN is CALAo8o45E										
		C A L A 0 8 0 4 5 E										
9	Address of Applicant	PAO/DTO/CDDO should mention the office address. It is										
		mandatory to provide details of at least two out of four fields i.e.										
		Flat/Door/Block No., Name of Premises / Building / Village, Road/										
		Street/ Lane/Post Office and Area/ Locality /Taluka/Sub Divisi										
		It is mandatory to provide details of Town/City/ District, State/										
		Union Territory and PIN Code.										
9	Telephone Number	(1) If Telephone Number is mentioned, STD Code is mandatory. For										
	and Mobile	example -										
		STD Code										
		0 2 2										
		Phone No.										
		2 4 9 9 4 2 0 0										
		(2) It is mandatory for applicants to mention either their telephone										
		number or mobile number.										
10	E-mail Id	It is mandatory to provide valid email id.										

## **General Information AIN applicants**

- The application form can be downloaded from the Income Tax Department website (www.incometaxindia.gov.in) or the TIN website www.protean-tinpan.com or from the office of
  - the Income Tax Department.
- 2. In case PAO/DTO/CDDO has already been allotted AIN, it should not apply again.
- 3. For more information
  - Visit us at www.protean-tinpan.com
  - Call TIN Call Centre at 020-27218080.
  - E-mail us at tininfo@proteantech.in
  - Write to Protean eGov Technologies Limited, 1st Floor, Times Tower, Kamala Mills Compound,

Senapati Bapat Marg, Lower Parel,

Mumbai – 400 013

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	
Industry	19
	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
Lakshwadeep	49
Pondicherry Administration	50
Pay and Account Officers (Audit)	51
Non-conventional energy sources	52
Government of NCT of Delhi	
Others	53
Officia	54

Annexure III State	e 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

## Application for allotment of Accounts Office Identification Number (AIN)

CIT (TDS)  Name of CIT Office:														
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	Central Government State Government													
2. 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):														
<del>                                     </del>														
3. Name of State (Applicable for State Government): (Mention code as per Annexure III)  4. Name of Office:*														
5. Name of Department:														

6.	6. PAO/DTO/CDDO Code:																				
_	7. DAO/DTO/CDDO Registration No.																				
7. PAO/DTO/CDDO Registration No.: (Provided by Central Record Keeping Agency)																					
8. PAO/DTO/CDDO TAN:* (Provided by Income tax Department)																					
9. 4	9. Address of Applicant:																				
Fla	Flat / Door / Block No.																				
Na	Name of Premises / Building / Village																				
Ro	ad /	Stre	et / 1	Lane	e / Po	ost v	illag	e													
Are	ea / I	Loca	lity /	/ Tal	uka	/ Su	b-Di	ivisi	on												
To	wn /	City	/ D	istric	ct*																
Sta	te / I	Unio	n Te	rrito	ry*																
PIN	l Cod	le:*																			
ST	D Coo	de:								]											
Pho	one N	lo:																			
Mo	bile 1	No:																			

(Either telephone number or mobile number is mandatory.)

10.	E-M	ail Id	l:*																				
																							l
																							ļ
																							L
	We clare t												_	-						d	lo he	reby	7
Da	te:																	S	Signa	ture			
Place:																	Seal		e off	ice)			
										F	or Cl	T (T	DS)	office	e use								_
										•	Verif	icatio	on by	· CIT	T (TD	<b>S</b> )							
	The	abov	e ap	plica	tion	is co	mple	etely	filled	l and	l reco	omm	ende	ed for	r AIN	V allo	otme	nt.					
	Date	e:								S	Signa	ature	e of C	CIT (	TDS	)				•••••			
	Plac	e:								1	Nam	e of	CIT	TI)	OS):	••••	•••••	•••••					
										4	Addı	ess	of C	IT (	TDS	5): .			•••••				
										:	Seal	of th	e offi	ce:									

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

Protean eGov Technologies Limited. 1st Floor, Times Tower, Kamala Mills Compound, Senapati Bapat Marg, Lower Parel, Mumbai – 400 013