



(b) Existing DDO Code\*: 

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 (Refer instruction no. 7)8. DTO Registration Number\*: 

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 (Refer instruction no.8)  
(To be filled by DTO)9. Name of the State Govt. / Union Territory\*: 

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I/We hereby agree and declare that the information provided in the application, is complete and true.

|                                       |                                                 |                                   |
|---------------------------------------|-------------------------------------------------|-----------------------------------|
| <b>DDO Stamp</b>                      |                                                 | <b>Date:</b><br><br><b>Place:</b> |
|                                       | <b>Signature of Authorised Signatory of DDO</b> |                                   |
| <b>Name of Authorised Signatory :</b> |                                                 |                                   |

|                                                                                                                                                                                                                                              |                                          |                                                                                |  |  |  |  |  |  |  |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------|--------------------------------------------------------------------------------|--|--|--|--|--|--|--|--|
| <b>To be attested by DTO</b>                                                                                                                                                                                                                 |                                          | <b>Date:</b><br><br><b>Place:</b><br><br><b>Name of Authorised Signatory :</b> |  |  |  |  |  |  |  |  |
| <b>DTO Stamp</b>                                                                                                                                                                                                                             |                                          | <hr style="border: 0; border-top: 1px solid black;"/>                          |  |  |  |  |  |  |  |  |
|                                                                                                                                                                                                                                              | <b>Signature of Authorised Signatory</b> |                                                                                |  |  |  |  |  |  |  |  |
| <b>DTO Reg. No. (Allotted by CRA)</b> <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table><br>(Refer instruction no.9) |                                          |                                                                                |  |  |  |  |  |  |  |  |
|                                                                                                                                                                                                                                              |                                          |                                                                                |  |  |  |  |  |  |  |  |

|                       |                                                                                                                 |
|-----------------------|-----------------------------------------------------------------------------------------------------------------|
| (To be filled at CRA) | <b>Received on</b> _____<br><br><b>Name of the officer:</b> _____<br><br><b>Signature of the officer:</b> _____ |
| <b>CRA Stamp</b>      |                                                                                                                 |

**Instructions for filling the form:**

1. The form is to be submitted to the address - Central Recordkeeping Agency, NSDL e-Governance Infrastructure Limited, Times Tower, 1st Floor, Kamala Mills Compound, Senapati Bapat Marg, Lower Parel (W), Mumbai – 400013.
2. Form to be filled legibly in BLOCK LETTERS and in BLACK INK only.
3. The form should be filled up completely. **Details marked with (\*) are mandatory fields.**
4. Each box, wherever provided, should contain only one character (alphabet/number/punctuation mark) leaving a blank box after each word.
5. Email ID should be the official Email ID of the Drawing and Disbursing Officer & not of any individual person.
6. Kindly provide Name of the Ministry under which DDO office is functioning.
7. Kindly mention the DDO code allotted by respective State Governments / Union Territories.
8. Kindly mention DTO Registration No. allotted by CRA to the District Treasury Office.
9. **Form has to be duly authorised by DTO registered at CRA. Till it has been registered, it shall retain the forms.**
10. The application form in the prescribed format can be freely downloaded from the CRA website (<http://www.npskra.nsdl.co.in>).
11. TAN is the Tax Deduction and Collection Account Number allotted. by Income Tax Department. New TAN is a ten character alphanumeric number with the following structure:  
First four digits (Alphabets), Next Five digits (Numeric) and last digit (Alphabets).  
It is advisable that DDO verifies from the Income Tax website whether TAN has been allotted as per the new format.
12. For more information contact CRA at 022-24994200 or write to CRA at NSDL e-Governance Infrastructure Limited, Times Tower, 1st Floor, Kamala Mills Compound, Senapati Bapat Marg, Lower Parel (W), Mumbai – 400013.