

GANDHINAGAR MUNICIPAL CORPORATION

ADMINISTRATIVE WARD NO:..... OFFICE

+ [FORM-3]

{See rule 4(1)}

Application for a certificate of Enrolment/Revision of certificate of Enrolment Under
Subsection (2) of the Gujarat State Tax on Professions, Traders,
Callings and Employments act-1976

I hereby apply for a certificate of Enrolment/Revision of certificate of Enrolment Under the above
Mentioned Act as per particulars given below.

(PLEASE TYPE OR USE BLOCK LETTER ONLY)

1. Full Name of the Applicant:..... Date of Birth.....
2. Name of Establishment
3. Address
- PIN
4. Residential Address of Applicant:
-
5. Type of Profession:
6. Telephone No. with STD Code:.....(O).....(R).....Fax.....
- Email.....(M).....
7. Constitution of Profession/Trade/Calling.

<input type="text"/>	Individual	<input type="text"/>	Firm	<input type="text"/>	Company
<input type="text"/>	H.U.F.	<input type="text"/>	Co-op Society		
(In Individual) Gender:	<input type="text"/>	Male	<input type="text"/>	Female	
8. Date of Commencement of Business/Profession etc.....
9. Applicable Entry as per the Act.
Entry
No.....Sub Entry No.....
In case the applicant falls under more than one entries,
He may please mention other entries also.
(Please see : entry 2 of Schedule 1 of the Act)

P.T.O.....

10. Bank Details

Name of The Bank	Branch Name & Address

11. Please mention whichever is applicable from the following.

- (a) Registration number under *[Gujarat Sales Tax Act-1969]
- (b) Registration number under Central Sales Tax Act-1956.
- (c) Employer's Registration number under Gujarat Profession Tax Act-1976.
- (d) Registration number of self-employment Profession.
- (e) Registration number under Compaies Act-1956.
- (f) Permanent Account Number under Income Tax Act-1961.
- (g) Registration number under Shops and Establishment Act-1948.

12. Please fill in this part in case, the application is for revision of a certificate of Enrolment.

Number of certificate of Enrolment:.....

Ground on which Revision is Sought:.....

::: DOCUMENT SUBMITTED :::

1.....2.....3.....

DECLATARION

The above Statements are true to the best of my knowledge and belief

Place:.....

Signature:.....

Date:.....

Status:.....

FOR OFFICE USE ONLY

Enrolment Certificate no:

.....

Signature of the office issuing the Certificate

-: ACKNOWLEDGEMENT :-

Particulars of the name and address to be filled in by the applicant.

Reveived an application for registration in from-3 from.....

Name of Applicant.....

Full Postal Address.....

.....

DATE:.....

.....

Receiving Officer's Signature