



MAHESANA MUNICIPAL CORPORATION

FORM 1 [See rule 3 (1)]

Employer's Registration Form

Application for a Certificate of Enrolment/Revision of Certificate of Registration under sub-section (1) of section 5 of the Gujarat State Tax on Professions, Trades, Callings and Employment Act, 1976

I hereby apply for a Certificate of Registration under the above mentioned Act as per particulars given below.

(Please type or use block letter only.)

(A) Old RC No. _____

(B) Property Tax Tenament No. _____ (C) Ward No. : _____

Mention B or C of above Compulsory _____

1. Full name of the Applicant (#) : _____

2. Name of Establishment (Firm) (#) : _____

3. Address (#) : _____

PIN _____

4. Residential address of Applicant : _____

5. Telephone No. with STD code _____ (o) _____ (R) _____

FAX _____ Email _____

6. Status of person signing this form : (Put tick mark in the applicable box) (Any One Compulsory)

Proprietor ☐ Partner ☐ Principal Officer ☐ Agent ☐

Manager ☐ Director ☐ Secretary ☐ Other ☐

7. Class of Employer : (Put tick mark in the applicable box.) (Any One Compulsory)

(a) Individual ☐ Firm ☐ Company ☐ Corporation ☐

Society ☐ Club ☐ Association ☐ Other ☐

8. Date of Commencement of Business / Profession etc. (#) : _____

9. Number of employees and salary and wages paid to them. (As on the date of application) (Please give details as per entry 1 of schedule 1 on separate sheet)

10. Date from which liable for RC No. (#) : _____ / _____ / _____

11. Bank details :

Name of the Bank, Branch & Address	A/c. No. & MICR No.

12. Please mention from the following whichever is applicable. (Any One Compulsory)

(a) G.S.T.R. No. / Vat (Tin) No. : _____

(b) C.S.T.R. No. : _____

(b) Professional Tax No. : _____

(c) Gumastadhara Regis. No. : _____

(d) Companies Act Regis. No. : _____

(e) P.A. No. (Income Tax / Pan) : _____

Declaration : The above statements are true to the best of my knowledge and belief.

Place : _____ Signature _____

Date : _____ Status _____

(#) Marked fields are Compulsory

For Office Use Only

Registration Certificate No. :

Signature of the Officer Issuing the Certificate

Acknowledgement

Received an application for registration in 1 Form : (Particulars of the name and address to filled in by the applicant)

Name of Applicant : _____ Full

Postal Address : _____

PIN _____

Receiving Officer's Signature : _____ Date : _____