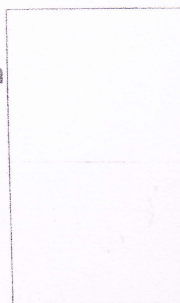


### FORM 3

An application for a Certificate of Enrolment/ Revision of Certificate of Enrolment under sub-section(2) of section 5 of the Gujarat State tax on Professions, Trades, Callings and Employments Act, 1976.

PASSPORT  
SIZE PHOTO



I hereby apply for a certificate of enrolment under the Gujarat State tax on Professions, Trades, Callings and Employments Act, 1976, as per Particulars given below:-

Name of the applicant :

Address

Building Street

Muni.Ward

Town/ City Taluka

District PIN

Address of Additional Place (Pl. attach sheet if required)

Building Street

Muni.Ward

Town/ City Taluka

District PIN

Profession/ Trade/ Calling/

(1) If falling under entry 6 of Schedule 1,

Details of business like (1) Registration No.....

(2) No. of Employees.....

(3) Any Other.....

(2) If falling under entry 7 of Schedule 1,

Details of business like (1) Registration No.....

(2) Turnover of previous year.....

(3) Any Other.....

(3) If falling under any other entry of Schedule 1,

Details of business like (1) Registration No.....

Form-3-4 The Gujarat Professions Tax Rules, 1976 71

(2) Registration Authority.....

(3) Any Other.....

Pl. fill in this part , in case application is for revision of certificate of enrolment

Registration Number of certificate of enrolment

Grounds on which revision is sought 1

2

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

Date Signature Status

Acknowledgment

(Particulars of Name and Address to be filled in by the applicant)

Received an application for enrolment in Form-3

from \_\_\_\_\_

Name of the applicant \_\_\_\_\_

Full Postal Address\_

Receiving Officer's signature Date



**[FORM -1]**

[Employer's Registration Form]

[See : rule 3(1)]

Application for a Certificate of Registration/Revision of Certificate of Registration under sub-section (1) of section 5 of the Gujarat State Tax on Profession, Trades, Callings and Employments 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)

1. Full Name of the Applicant : .....

2. Name of Establishment : .....

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)

Proprietor Partner Principal Officer Agent

Manager Director Secretary Other

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

Individual Firm Company Corporation

Society Club Association Other

8. Date of commencement of Business/Profession/ .....

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 Name & Address

12. Please mention whichever is applicable from the following.

(a) Registration number under [Gujarat Value Added Tax Act, 2003]

(b) Registration number under Central Sales Tax Act, 1956.

(c) Employer's Enrolment number under Gujarat Profession Tax Act, 1976.

(d) Registration number under Shops and Establishment Act.

(e) Registration number under Companies Act, 1956.

(f) Permanent Account number under Income Tax Act.

**DECLARATION**

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

Place ..... Signature .....

Date ..... Status .....

**FOR OFFICE USE ONLY**

Registration Certificate No. : .....

Signature of the Officer issuing the Certificate

**ACKNOWLEDGEMENT**

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

Received an application for registration in Form 1 from .....

Name of Applicant .....

Full Postal Address .....

Receiving Officer's signature .....

Date .....