S.M.C. P. No. 3498-25000- 10 - 10

SURAT 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)

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. :_____
    (c) Professinal Tax No. :_____
    (d) Gumastadhara Regis. No. :_____
    (e) Companies Act Regis. No. :_____
    (f) 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 :_____