



# AHMEDABAD MUNICIPAL CORPORATION

## Mahanagar Seva Sadan

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 if the Gujarat State Tax on Professions, 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.)**

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) Professional 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.: 

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Signature of the Officer Issuing the Certificate

**Acknowledgement**

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

Name of Applicant: \_\_\_\_\_

Full Postal Address: \_\_\_\_\_ PIN \_\_\_\_\_

Receiving Officer's Signature: \_\_\_\_\_ DATE: \_\_\_\_\_