

# 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 section-5 of the Gujarat State Tax on Professions, Traders,  
Callings and Employments act-1976

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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 NameoftheApplicant:.....Date of Birth.....

2.NameofEstablishment:.....

3.Address.....  
.....PIN:.....

4.ResidentialAddressofApplicant:.....  
.....

5.TypeofProfession:.....

6.TelephoneNo.withSTDCCode:.....(O).....(R).....Fax.....

.Email.....(M).....

7. Constitution of Profession / Trade / Calling

Individual       Firm       Company

H.U.F       Co-op Society

(in Individual) Gender :       Male       Female

8.DateofCommencementofBusiness/Professionetc.....

9. Applicable Entry as per the Act.

Entry  
No.....SubEntryNo.....

In case the applicant falls under more then one entries, he may please mention other entries also.

(Please see : entry 2 of Schedule 1 of the Act)

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PTO.....

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 number under Gujarat Profession Tax Act-1976.
- (d) Registration number of self-employment Professional.
- (e) Registration number under Companies 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.....s

**DECLARATION**

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.

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

Name of Applicant.....

Full Postal Adress.....

.....

DATE:.....

Receiving Officer's Signature