

**FORM I**

( See rule 3(1) )

**APPLICATION FOR REGISTRATION**

To,  
The Profession Tax Officer,  
\_\_\_\_\_

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

( PLEASE TYPE OR USE BLOCK LETTERS ONLY )

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

Address : Building \_\_\_\_\_

Street / Road \_\_\_\_\_

Municipal Ward \_\_\_\_\_ Town / City \_\_\_\_\_ Pin Code \_\_\_\_\_

Taluka \_\_\_\_\_ District \_\_\_\_\_

**Status of person signing this form.**

Put ( √ ) mark below the heading whichever is applicable

Proprietor	Partner	Principal Officer	Agent	Manager	Director	Secretary

**CLASS OF EMPLOYER.**

Put ( √ ) mark below the heading whichever is applicable

Individual	Firm	Company	Corporation	Society	Club	Association

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If registered under the Bombay Sales Tax Act, 1959 / Central Sales Tax Act, 1956, the numbers of Registration Certificates held :

B.S.T.R.C. No. : \_\_\_\_\_ C.S.T.R.C.No. : \_\_\_\_\_

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

Date : \_\_\_\_\_ Signature \_\_\_\_\_ Status \_\_\_\_\_

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**FOR OFFICE USE ONLY**

Registration Certificate No. PT/R/

Date :

Signature of the Officer issuing the certificate

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**ACKNOWLEDGEMENT**

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

Received an application for registration in Form I from \_\_\_\_\_

Name of the Applicant \_\_\_\_\_

Full Postal Address \_\_\_\_\_

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Date :

Receiving Officers Signature

## PROFESSION TAX REGISTRATION

### FORM A ( STATEMENT OF APPLICANT )

( To be duly filled in and signed attached to the application for Registration Certificate )

1. Name of the Applicant \_\_\_\_\_
2. Number of Employees on the date of application to whom salary or wages paid per month are  
(i) Upto Rs. 2,000/- \_\_\_\_\_  
(ii) Rs. 2,000/- and above \_\_\_\_\_  
T O T A L \_\_\_\_\_
3. Month from which liability to pay tax commences \_\_\_\_\_
4. Tax payable from the month of liability to the end of the month preceding the date of Application \_\_\_\_\_
5. Estimated tax liability per annum \_\_\_\_\_
6. Other Information : -
  - (a) Registration Certificate No.
    - (i) Under the B.S.T. Act, 1959 \_\_\_\_\_
    - (ii) Under the C.S.T. Act, 1956 \_\_\_\_\_
  - (b) Enrolment Certificate under the Profession Tax Act, 1975 \_\_\_\_\_
  - (c) Telephone No. \_\_\_\_\_
  - (d) Permanent full address of the native place of the Proprietor / Partners or signatory to the Application \_\_\_\_\_  
\_\_\_\_\_
  - (e) Name of the Bank / Branch where applicant is holding account                      Address                      A/C No.

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

Date :

Signature