## FORM 5-C

## Application for grant permission to file consolidated return $[See \ nule \ 11.(4)]$

To.		
The Commissioner of Profes	ssion Tax,	
Guja-rat State, Ahmedabad.		
I/We		
Name of style of profession/Trade Calling/ Employement and its address	Registration Certificate number and date of its issue.	Designation of the Professions Tax Officer who issued Registration Certificate
1	2	3
The constitution of all the places of work stated above is the same.  The partners and the extent of share or interest in the partnership of all the above places of work are the same.  The above statements are true to the best of my. our knowledge and belief.		
I/We undertake not to commence filing consolidated returns until I/We have received		
1/we undertake not permission thereof.		Technis micht I/we have tegetved
Place:	Sigature	
Date.	Status.	
Name of the Raployer.		