

FORM 3

Application for a Certificate of Enrolment/Revision of Certificate of Enrolment under sub-section (2) of section 5 of the Gujarat State Tax on Profession, Trades, Callings and Employments Act, 1976.

[See Rule 4 (1)]

(PLEASE TYPE OR USE BLOCK LETTERS ONLY)

I hereby apply for a certificate of Enrolment/Revision of Certificate of Enrolment under the Gujarat State Tax on Profession, Trades, Callings and Employments Act, 1976. as per particulars given below :

Name of the applicant

Profession/Trade/Calling

Building

Street/Road

Address

Municipal Ward		
	Town/City	Pin Code
	Taluka	District
*Period of standing in the Profession		
*Annual turnover of all sales/purchases		
*Number of workers in the factory		
*Number of employees employed in the establishment		
*Number of buses, taxis, trucks or three wheeler goods vehicles. for which permits under the Motor Vehicles Act, 1939 are held.		
*If Co-operative society, the profession, trade or calling in which it is engaged, and whether it is engaged and whether it is a State level or District level society.		
*If a person is simultaneously engaged in employment of more than one employer, please give details regarding name and address of each employer and monthly salary received from him-	Name and address of received each employer	Monthly salary from each employer
	1	
	2	
	3	
	Total	

Note : If the space is not sufficient to include all details, please give details on separate sheet and attach the same with this application.

(Please fill names and Addresses of other places of work, if any, in the State of Gujarat on the reverse of this form)

Total number of other places of work.

If registered under the Gujarat Sales Tax Act, 1969/Central Sales Tax Act, 1956, the number of Registration Certificate held : G.S.T. R.C. No. C.S.T. R.C.No.

(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 _____

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

Date Signature Status
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For office use only

Enrolment Certificate No.

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Amount of tax payable Date by which to be paid

Signature of the officer

Issuing the certificate

*Please fill whichever is applicable.

Acknowledgment

*(Particulars of Name and Address to be filed in by the applicant) Received an application for Enrolment in Form 2 from Name of the applicant

Full postal address

Receiving Officer's signature Date

Name and addresses of other places of work, if any, in Gujarat State
