



**SURAT MUNICIPAL CORPORATION**  
**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 of the Gujarat State Tax on Professions, Trades, Callings and Employment 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 1 Form : (Particulars of the name and address to filled in by the applicant )

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

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

PIN \_\_\_\_\_

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