PART A

TIN NO* :-		Freq	uency	of fil	ling R	eturi	ns <mark>*</mark> (Mon	thly	or C	Quar	terly)) :-										
I. Type of Regi	stratio	n* -	Γick S	☑ one			Mand	atory	,					Vo	lunta	ıry							
2. Full Name of	f Applio	cant D	ealer ^{>}	*		<u> </u>						ı.											
(For individuals, provi middle name, surnam		der of fir	st nam	e,																			
3. Father's / Hus	sband's	name																					
					Firs	t Nam	<u>е</u>		М	iddle	Nar	ne					Surr	ame					
4. Date of	1 1	1,			1 1			F (~ a a d a	/±:.	-l. [-7]	(ana)					1_						
birth*				'				5. C	Gende	er (tid	.K <u>IY</u> /	one)	' -	1 N	1ale) F	emal	e			
	5. Trade Name*																						
5. Trade Name																							
6. Constitution	of			Propr	ietorsl	nip		Priv	ate Lt	d.				Pul	blic S	Secto	r Ur	nder	takin	g			
Business*	Business*							Cor	npany	,													
(Tick Ø one	as			<u>Partne</u>	ership			Gov	/ernm	ent			☐ Government Corporation										
applicable)								Cor	npany	,													
				<u>HUF</u>				Pub	ublic Ltd. Company Govt Deptt/ Socie										/ Clu	b/ Ti	rust		
				Othe	rs, plea	se spe	cify																
7. PAN* :									8. P	assp	ort N	۷o.											
9. Principle Pla	ce of B	Busines	s*	Build	ing Na	me/ No). D.					ļ											
				/Surv	ey No	./Plot N	۱o.																
				Area	/ Road																		
				Loca	lity/ Ma	arket																	
				Pin C	Code																		
				Distr	rict																		
				Emai	l Id																		
				Telep	ohone	Numbe	er																
				Fax N	Numbe	r																	
Mobile N					ie Nur	nber																	
10. Occupancy Status*						Rente	ed -] [.ease	d				Ren	t-Fre	e					
Others Please s					se spec	ify					-			· ·									

PART B

11. Residential Address *	Building Name/ No. /Survey No./Plot No.																			
				: No.																
(If different from principle business)	place of	Area/ Roa																		
,		Locality/ N	1arket																	
		District									1									
		State																		
		Country																		
		Pin Code																		
12. Type of Business*	☐ Ma	anufacturer	nufacturer 🗖 Trader					ing			orks		T	С)the	ers (s	speci	ify)		
(Tick⊠ all applicable)									Co	ontra	ctor									
	☐ Hir	re rchaser		Hotelier			Wor	-ks		M	lanuf	factur	er ar	nd T	Γrad	ler				
13. Name of Statutory authority with whom already registered. *		Dept. of									 ustry	y an	ıd							
(Tick⊿ one as applicable)		Dept. of St Excise	Dept. of State Register of Companies Register of Firms Excise									s 								
		Others, ple	ease sp	pecify																
14. Effective Date of Reg	istration.	*										<u></u>				<u>/</u>				
											Day		<u>M</u>	1ont	<u>th</u>		Υe	<u>ear</u>		
15. Major Commodity /	Traded/	¹ Manufactur	ed*																	
a. Commodity Name (Please specify as per the Schedule)																				
b. Commodity Descriptio (as mentioned in Registration Certificate)																				

10.	Date of commence	ement	of business /	Date	of com	nence	ement	of				,			,		
pur	chase, sale and wor					<u>/</u>			<u>/</u>								
				<u>D</u>	<u>ay</u>		<u>Mo</u> <u>h</u>			<u>Y</u> e	<u>ear</u>						
17.	Turn over estima	ated	for 12 con	tinuo	us mont	:hs/4	quart	ers /	tota								
amo	ount of purchases a	ınd sal	es made last	year*	•												
18.	Annual Turnover	r Cate	gory*	Ţ	Less	than I	Rs. 5	lacs			Rs. !	lac	s or a	ıbov	/e		
	Tick ☑ one																
	(a) Turno	over in	preceding f	inanci	al year	Rs.											
	(b) Expec																
	financial year																
19.	Do you wish to i		Norr	nal V	ΆT		С	ОТ									
	If Registered under Composition Tax tick the appropriate type																
	Dealer																
	Hotelier / Restau	rant /	Caterer / Sv	veet n	neat stall	/ Bak	ery /	lce-cr	ream	Parlo	or						
	Mechanized Crus	hing a	nd Granite (Crushi	ng units	and p	roduc	ing g	ranit	e met	al						
	Works Contracto	or															
	20. Do you wish to apply for / Continue registration under CST act?																
20.	Do you wish to ap	ply for	· / Continue	regist	ration u	nder (CST	act?			Yes				No		
	Do you wish to ap	ply for	· / Continue	regist	ration u	nder (CST	act?			Yes			<u> </u>	No		
21.					ration ui	nder (CST	act?			Yes		Į.	<u> </u>	No		
21.	CST Reg.no*	egistra			Tration un	nder (Use			Res					No		
21.	CST Reg.no* Effective date of Re	egistra	tion for CST	*			Use							Oth)	
21.	CST Reg.no* Effective date of Re	egistra	tion for CST Packing of	*	Use in		Use Man	in						Oth	ners)	
21.	CST Reg.no* Effective date of Re	egistra	tion for CST Packing of goods for	*	Use in Gener		Use Man ture cess	in lufac e/Pro						Oth	ners)	
21.	CST Reg.no* Effective date of Re	egistra	tion for CST Packing of goods for	*	Use in Gener ation/ Distri bution		Use Man ture cess of	in lufac e/Pro ling						Oth	ners)	
21.	CST Reg.no* Effective date of Re	egistra	tion for CST Packing of goods for	*	Use in Gener ation/ Distri bution of		Use Man ture cess of good	in oufac e/Pro iing ds						Oth	ners)	
21.	CST Reg.no* Effective date of Re Sub Category*	egistra	tion for CST Packing of goods for sale/resale	*	Use in Gener ation/ Distri bution		Use Man ture cess of	in oufac e/Pro iing ds						Oth	ners)	_
21. 22. 23.	CST Reg.no* Effective date of Re Sub Category* Dealer Specified C	egistra	tion for CST Packing of goods for sale/resale	*	Use in Gener ation/ Distri bution of		Use Man ture cess of good	in oufac e/Pro iing ds						Oth	ners)	_
21. 22. 23.	CST Reg.no* Effective date of Re Sub Category*	egistra	tion for CST Packing of goods for sale/resale	*	Use in Gener ation/ Distri bution of		Use Man ture cess of good	in oufac e/Pro iing ds				L		Oth	ners)	
21. 22. 23.	CST Reg.no* Effective date of Re Sub Category* Dealer Specified C	egistra	tion for CST Packing of goods for sale/resale	*	Use in Gener ation/ Distri bution of		Use Man ture cess of good	in oufac e/Pro iing ds		Res				Oth (spe	ners		ear
21. 22. 23. 24. 25.	CST Reg.no* Effective date of Re Sub Category* Dealer Specified C	egistra ommo	tion for CST Packing of goods for sale/resale	*	Use in Gener ation/ Distri bution of		Use Man ture cess of good	in oufac e/Pro iing ds		Res	ale			Oth (spe	ners		ear
21. 22. 23. 24. 25.	CST Reg.no* Effective date of Refective date of	egistra ommo Date. *	tion for CST Packing of goods for sale/resale	*	Use in Gener ation/ Distri bution of		Use Man ture cess of good	in oufac e/Pro iing ds		Res	ale	<u>L</u>		Oth (spe	ners		ear
21. 22. 23. 24. 25.	CST Reg.no* Effective date of Ref Sub Category* Dealer Specified C CST Amendment I	egistra ommo Date. *	tion for CST Packing of goods for sale/resale	*	Use in Gener ation/ Distri bution of		Use Man ture cess of good	in oufac e/Pro iing ds		Res	ale			Oth (spe	ners		ear
21. 22. 23. 24. 25.	CST Reg.no* Effective date of Refective date of	egistra ommo Date. *	tion for CST Packing of goods for sale/resale	*	Use in Gener ation/ Distri bution of		Use Man ture cess of good	in oufac e/Pro iing ds		Res	ale			Oth (spe	ners		ear
21. 22. 23. 24. 25.	CST Reg.no* Effective date of Refective date of	egistra ommo Date. *	tion for CST Packing of goods for sale/resale	*	Use in Gener ation/ Distri bution of		Use Man ture cess of good	in oufac e/Pro iing ds		Res	ale			Oth (spe	ners		ear
21. 22. 23. 24. 25.	CST Reg.no* Effective date of Refective date of	egistra ommo Date. *	tion for CST Packing of goods for sale/resale	*	Use in Gener ation/ Distri bution of		Use Man ture cess of good	in oufac e/Pro iing ds		Res	ale	<u>L</u>		Oth (spe	ners		ear

Bank Info

(Multiple Sheets can be used if required)

27.Details of main Bank Account*	Name of Bank											
	Address of Bank											
	Account Number											
	Branch Code											
	MICR Number											
	Type of Account	Sa	ving	s	1 1		Cı	urre	nt	I	I	

Exemption Details

28. Exemption Details

Exemption A : Local Exemption	Local Exemption No.												
	Date of Issue												
	Valid Period		ı	From	1			ı		То			
		<u>Day</u>		ont n	<u>Y</u>	<u>ear</u>	<u>D</u>	<u>ay</u>		ont 1	<u>)</u>	′ ear	
	Goods Description as in Exemption Certificate		•						ı	l			
Exemption A :Central Exemption	Central Exemption No.												
	Date of Issue												
	Valid Period	,	ı	From	1	 		ı		То			
		Day		ont n	<u>Y</u>	<u>ear</u>	<u>D</u>	a <u>y</u>	<u>Ma</u>	ont 1	<u> </u>	'ear	-
	Goods Description as in Exemption Certificate												

Exemption B : Local Exemption	Local Exemption No.												
	Date of Issue												
	Valid Period		Fr	om						То	<u> </u>		
		<u>Day</u>	Mor <u>h</u>		<u>Ye</u>	<u>ar</u>	<u>D</u>	<u>ay</u>	<u>Mc</u>	ont 1	<u>Y</u>	ear	
	Goods Description as in Exemption Certificate		l				l						
Exemption B :Central Exemption	Central Exemption No.												
	Date of Issue												
	Valid Period		Fr	om	_ _	I				То	ı		
		Day	Mor <u>h</u>		Ye	<u>ar</u>	D	<u>ay</u>	<u>Mc</u>	ont 1	<u>Y</u>	ear	
	Goods Description as in Exemption Certificate			•									

Additional Place of Business

(Multiple Sheets can be used if required)

	Name of Applica	nt														
Dealer																
(For ind	lividuals, provide	in														
	first name, midd															
name, su	rname)															
<u> </u>																
30. Loca	tion of Business	☐ With	in State		1 (Out	side S	tate								
	tration number of	Branch (if a	any)													
Under th	ne State Act															
Under C	ST Act, 1958															
Onder C	31 Act, 1730															
32.	☐ Godown		☐ Factory			5	Shop				Ot	her	plac	e of		
Туре											bus	sines	S			
	■ Warehouse															
	☐ Warehouse															
	ı		ı													
33 Tradi	ing Name of Busine	ec.														
JJ. ITau	ing realine of busine	:55.														
34. Addr	ess		ng Name/ No.													
		/Surve	y No./Plot No.													
		Area/	Pond													
		Aleai	Noad													
		Locali	ty/ Market													
		Distri	ct													
		Div. C				- 1										
		Pin Co	ode													
		State														
		Telen	hone Number			-								1	1	
		EDR [Date							•	•	•	•		•	•
			<u> </u>		-				-							
				<u>Day</u>	<u>v</u>	<u>M</u>	onth	<u>Ye</u>	<u>ar</u>							

PART C- Security Deposit Details

35. Date of Receipt*											
	Da	<u>ay</u>	Mont	<u>:h</u>	<u>Year</u>	D	ay	Mo	onth	<u>Y</u> (ear
36. Local Office Area Code											
37. Security Deposit Type*	Fixe	ed D)eposit	No	:						
(In case more than one FD please mention both)	Fixe	ed D) eposit	No	:						
,,	Am	oun	t*:								
38. Bank Drawn On*											
39. Maturity Date/ Expiry Date*											
	<u>Da</u>	<u>ay</u>	Mont	<u>:h</u>	<u>Year</u>	D	<u>ay</u>	Mo	onth	<u>Y</u> e	<u>ear</u>
40. Notes: (If any other information please specify)											