

FORM I

[Vide Rule3(1) of A.P. Tax on Professions, Trades, calling and employment Rules, 1987]

APPLICATION FOR REGISTRATION

To
The Professional Tax Officer,

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

Name of the Applicant :

Address: Building Street / Road:

Municipal Ward:

Town / City:

Pin Code:

Mandal :

District :

Status of person signing this form : put(v) mark below the heading whichever is applicable.

Proprietor	Partner	Principal Officer	Agent	Manager	Director	Secretary

Class of Employer : put(v) mark below the heading whichever is applicable.

Individual	Firm	Company	Corporation	Society	Club	Association

If registered under the A.P.G.S.T. Act, 1957 / Central State Tax Act, 1956, the Numbers of Registration certificates held :

A.P.G.S.T.R.C.No.

C.S.T.R.C.No.

Names and address of other places of work, if any, in Andhra Pradesh:

S.No	Name	Address

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

Date:..... Signature: Status:.....

(For Office use only)

Registration Certificate No.

Signature of Officer Issuing Certificate

ACKNOWLEDGEMENT

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

Received an application for enrolment in Form I From

Name of the Applicant :

Full Postal Address:

Dated:

Receiving Officer's Signature