

FORM-3
[See rule 3(2)]

Application for certificate of registration (for Person)

To,
The Profession Tax Assessing Authority,
.....

I, hereby apply for a certificate of registration under the Chhattisgarh Vritti Kar Adhiniyam. 1995 as per particulars given below:-

1. Name of the applicant
2. Profession / Trade calling (here specify the serial number of the
schedule under which liable to pay taxes.
3. Address of the place of work (building/street/road/ municipal/
ward/town/city IT ehsl/district).
4. *Date of commencement of profession/trade/calling.
5. *Period of standing in the profession
*Number of beds (In the case of residential hotels.)
*Whether a state level society, a district level society, a co-operative
sugar factory or a co-operative sugar mill.
*Average number of employees during a year employed in the establishment.
*Average number of workers during a year.
* Annual gross turnover.
*Number of,
(i) Three wheeler passenger / goods vehicles.
(ii) Taxi/four wheeler light passenger goods vehicles
(iii) Heavy passenger / goods vehicles
6. Income during the previous year (to be given by a person opting to pay tax
under sub-section (3) of Section 3. Here State specifically whether option
under sub-section (3) of Section 3 is being exercised or not.
7. If carrying on a profession trade or calling other than Agriculture in addition
to an employment. The particular thereof or if simultaneously engaged in
employment of more than one employer the names and address of all
such employers and the monthly salary received from each of them.
8. Name and addresses of additional place of work if any in the State of Chhattisgarh.
(1)
(2)

(3).

9. If registered under the Chhattisgarh Vanijyik Kar Adhiniyarn 1994/
Central Sales tax act-1956 the number of the registration certificate.

(a) Under Chhattisgarh Vanijyik Kar Adhiniyam

(b) Under Central Sales Tax Act

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

Place

Signature

Date

Status

*Fill in whichever is Applicable.

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

Received and application for registration in form 3 from:-

Name of the applicant

Full Postal address.....

Place

.....

Date

Signature of the receiving