

FORM - 1
[See rule 3(1)]
Application for registration (for employers)

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

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

1. Name of the applicant
2. Address of the principal place of work
(building/street/ road/municipal
ward/ town/ city /tehsil /district)
3. Status of the person signing the form
(Whether proprietor / partner /principal /
officer/ agent /manager / director/ secretary)
4. Name of the employer
5. Class of the employer
(whether individual /firm/ company
/corporation/ society /club / association).
6. If registered under the Madhya Pradesh
Vanijyik Kar Adhiniyam, 1994/
Central Sales Tax Act, 1956,
the number of registration certificate,-
(a) Under Vanijyik Kar Adhiniyam
- (b) Under Central Sales Tax
7. Names and addresses of other
places of work in Madhya Pradesh

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

Date.....

Signature.....
Status.....

*Strike out whichever is not applicable

ACKNOWLEDGEMENT

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

Received an application for registration in Form - 1. From :-

Name of the applicant

Full postal address

Place.....

Date.....

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Signature of the receiving officer