

FORM - 3
[See rule 3(2)]
Application for certificate of registration (for persons)

To,
The Profession Tax Assessing Authority

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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. Profession/ trade/ calling (here specify the Serial number of the schedule under which liable to pay tax).
3. Address of the place of work (building /street / road/ municipal ward /town / city /tehsil / 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 particulars thereof or if simultaneously engaged in employment of more than one employer, the names and addresses of all such employers and the monthly salary received from each of them.

8. Names and addresses of additional places of work if any,
in the State of Madhya Pradesh

1.....
2.....
3.....

9. If registered under the Madhya Pradesh Vanijyik Kar
Adhiniyam, 1994/Central Sales Tax Act, 1956 the number
of the registration certificate,-

(a) under M.P. Vanijyik Kar Adhiniyam
(b) under Central Sales Tax Act.

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

Place.....
Date.....

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

*Fill in whichever is applicable.

ACKNOWLEDGEMENT

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

Received an application for registration in Form -3.
From :-

Name of the applicant.
Full postal address

Place.....
Date.....

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Signature of the receiving officer