

FORM - II

[See Rule 5(1) / 8 (2) /

**APPLICATION FOR ENROLMENT /
AMENDMENT-CUM-ENROLMENT CERTIFICATE**

(To be submitted in duplicate)



To

The Assessing Authority

PROFESSIONAL TAX, BHUBANESWAR, ODISHA,

I, GAJENDRA KABAT son / daughter / wife of NAROTTAM KABAT

(Name) hereby apply for a certificate of enrolment / amendment of the certificate of enrolment bearing No. _____ which is enclosed herewith.

(Strike off the words not applicable)

- 1. Name of the applicant GAJENDRA KABAT
- 2. Trade Name M/S. SGK INDIA INDUSTRIAL SERVICES (P) LTD.
- 3. (a) Address: FLAT NO: 3/5, ANAND PLAZA, 3RD FLOOR,
LAXMI SAGAR, BHUBANESWAR, ODISHA.
- (b) Address of other places of work, if any,

Police Station

Sub Division

District

Pin Code

Telephone

4. Amount of tax payable by the applicant under the Act per annum Rs. 2500/-

5. Income Tax PAN (if any) AAOC50708A

6. The Registration Certificate Number under OST / CST Act (if any)

R.C. No. under OST Act NIL

R.C. No. under CST Act NIL

R.C. No. under VAT Act NIL

For SGK India Industrial Services (P) Ltd.

7. I declare that the above statements are true to the best of my knowledge and belief.

(Authorised Signatory)

Signature

Gajendra kabat

Status

8. Enrolment allocated / amendments incorporated.

PEBH-III-984

9. Amount of tax payable / due date of payment.

Rs. 2500/-

Date 22/05

Place BBSR



Assessing Authority
Professional Tax
BBSR-III-Circle, BBSR

Signature of Assessing Authority

ACKNOWLEDGEMENT

(To be filled in by the applicant)

Received an application form for enrolment / amendment from the applicant _____ on (date)

Signature of Receiving Officer

[FORM - I

[See rule 4(1)/ 6(1)]

Application for Registration/ Amendment-cum-Certificate of Registration

(To be submitted in duplicate)



To

The Assessing Authority,.....

PROFESSIONAL TAX, BHUBANESWAR, ODISHA
I hereby apply for Certificate of Registration/Amendment of Certificate of Registration under the Odisha State Tax on Professions, Trades, Callings and Employments Act, 2000 as per the particulars given below :

M/S. SGK INDIA INDUSTRIAL SERVICES (P) LTD.

(Please type or use block letters only)

1. Name of the Applicant..... **GAJENDRA KABAT**
2. Address..... **FLAT NO: 3/5, ANAND PLAZA, 3RD. FLOOR, CUTTACK ROAD, LAXMI SAHAR, BHUBANESWAR, ODISHA.**
- Pin Code..... **751006** District..... **KHURDA** Telephone..... **0674-2575795**

3. Status of person signing this form. Put (4) mark below the appropriate heading

Proprietor	Partner	Principal Officer	Agent	Manager	Director	Secretary
				✓		

4. Class of Employer. Put (4) mark below the appropriate heading whichever is applicable.

Individual	Firm	Company	Corporation	Society	Club	Association
		✓				

5. R.C. number under Odisha Sales Tax Act, 1947/Central Sales Tax Act, 1956 (if any)

R.C.No. under OST Act..... **N/L**..... R.C. No. under CST Act..... **N/L**.....

6. Permanent Account Number (PAN) allotted under Income Tax Act (if any):

AAOC50708A

7. Name and address of other places of work, if any, in Odisha:
(for information only)

8. Number of employees for which deduction of tax will be effected u/s 5 of the Act.

Class of persons	Rate of Tax	Number of employees	Amount payable every month
Annual Salaries/Wages			
(i) Do not exceed Rs.1,60,000/-			
((ii) Exceed Rs.1,60,000/- but do not exceed Rs.3,00,000/-	125 = w	49 NOS.	5500 = w
(iii) Exceed Rs.3,00,000/-	200 = w	03 NOS.	600 = w

9. (i) Total amount payable by the registrant u/s 5 of the Act every month by the last day of the succeeding month (total of last Col. of 8): Rs. 6,100 = w

(ii) Amount payable every year by the registrant under section 5 of the Act Rs. 73,200/- per annum payable before the date specified u/s 10 of the Act.

*10. Grounds on which amendment to the Certificate of Registration Number is sought.

(Enclose original certificate for amendment applied for)

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

Date 21-05-2012



Registration Number allocated:/Amendment incorporated

Amount tax payable/ Due date of payment.

Rs. 73,200/- P.A

For SGK India Industrial Services (P) Ltd.

Gajendra Khat
Signature/Status.....
(Authorised Signatory)

PR BH-III-499

Ull
Assessing Authority
Professional Tax

Signature & Seal of Assessing Authority
BBSR-III Circle, BBSR

*To be filled in only in case it is an application for amendment.

**To be filled up by Assessing Authority.

Acknowledgement

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

Received an application for certificate of registration/amendment of Registration in Form - I From -

Name of the Applicant

Full Postal Address

Date

Receiving Officer's signature.