



DEPARTMENT OF SALES TAX

GOVERNMENT OF MAHARASHTRA, INDIA

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FORM - II

[See rule 4(1)]

Application for a certificate of Enrolment/Revision of certificate of Enrolment under subsection(2) or sub-section(2A) or sub-section(3) of section 5 of The Maharashtra State Tax on Professions, Trades, Callings and Employments Act, 1975.

To,
The Registering Authority

I hereby apply for grant of registration certificate under section 5 of The Maharashtra State Tax on Professions, Trades, Callings and Employments Act, 1975.

1.(A)	PAN/TAN *	AAJCD3971B
(B)	Name as shown in PAN/TAN *	DHUPE INDUSTRIES LIMITED
2.(a)	Type of the Applicant *	A
i	Firm/Company/Trust/Society/ Institution etc.	DHUPE INDUSTRIES LIMITED
ii	Individual .	
2.(b)	Name of the Applicant *	
i.	Firm/Company/Trust/Society/ Institution etc.	M/s.DHUPE INDUSTRIES LIMITED
ii.	(If) In case of an individual person [Full Name (First Name, Middle Name, Surname)]	
3.	Date of Birth (In case of an individual person)*	
4.	Entry No. under Schedule I to the Profession Tax *	
	Entry	018
	Sub-entry	
5 (A).	Registration No. with Council/Body/ Association/Corporation/Government *	
5 (B).	Month of Commencement of the Profession/Trade/Calling/Employment * [MMYYYY]	202206

6.	Full address of the applicant (Residential) *		
Address			
Building No/Flat No/ Door No	IT ESTABLISHM. 202,	Floor No :	IT ESTABLISHM. 202,
Name of the Premises/ Building :	TIRUPATI ENCLAV, GHANIWALA, RA	Road/Street/Lane :	TIRUPATI ENCLAV, GHANIWALA, RA
District :	NAGPUR	Taluka/Area :	NAGPUR
Locality :	NAGPUR	PIN :	440010
Longitude :		Latitude :	
Contact Details			
Telephone No.1 with STD Code		FAX Number	
Telephone No.2 with STD Code			
Mobile No.1 *	9890479786		
Mobile No. 2			
Email Address 1 *	md@sevenhorse.in		
Email Address 2			
Website			
Nature of Possession of Premises	Owned		
Electricity Bill Details :			
Service Provider Name			
Consumer No.			
Account No.			
Billing Unit			
IGR Details:			
District			
Location of Sub- registrar			
Year	0000		
Document Number			

7.	Name and address of place of work/business/activity in Maharashtra State * (Multiple fields will be available to capture the details if more than one address)		
Building No/Flat No/Door No	IT ESTABLISHM. 202,	Floor No :	IT ESTABLISHM. 202,
Name of the Premises/Building :	TIRUPATI ENCLAV, GHANIWALA, RA	Road/Street/Lane :	TIRUPATI ENCLAV, GHANIWALA, RA
District :	NAGPUR	Taluka/Area :	NAGPUR (M CORP.)
Locality :	Abhyankar Nagar	PIN :	440010
Longitude :	Owned	Latitude :	
Contact Details			
Telephone No.1 with STD Code		FAX Number	
Telephone No.2 with STD Code			
Mobile No.1 *	9890479786		
Mobile No. 2			
Email Address 1 *	md@sevenhorse.in		
Email Address 2			
Website			
Nature of Possession of Premises	Owned		
Electricity Bill Details :			
Service Provider Name			
Consumer No.			
Account No.			
Billing Unit			
IGR Details:			
District			
Location of Sub-registrar			
Year	0000		
Document Number			

8.	Details of Bank Account(s) *
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Total number of Bank Accounts maintained by the applicant for conducting business

Select_Entry Bank Code Type	
Account Number	
Type Of Account	
MICR_Code	
IFSC_Code	
Name of bank	
Branch & Address of Bank	
PIN Code :	STATE :

9.	Particulars furnished with reference to Schedule entry or entries	
10.	Other information (If applicable)	
1.	TIN under MVAT Act, 2002 Date of effect (DD/MM/YYYY)	
2.	TIN under CST Act, 1956 Date of effect (DD/MM/YYYY)	
3.	R.C No. under Profession Tax Act, 1975 Date of effect (DD/MM/YYYY)	

Declaration: - I hereby solemnly affirm and declare that the information given herein above is true and correct to the best of my knowledge and belief and nothing has been concealed there from.
I hereby authorise Maharashtra Sales Tax Department to collect the information from UID authority.

Place: NAGPUR

Name & Scanned Signature of applicant/ all Partners,

Signature

Date :

Designation

Please Enter UID OTP