

 AHMEDABAD MUNICIPAL CORPORATION MAHANAGAR SEVA SADAN FORM 3		Passport size Photo
An application for a Certificate of Enrolment/ Revision of Certificate of Enrolment under sub-section(2) of section 5 of the Gujarat State tax on Professions, Trades, Callings and Employments Act, 1976 [See rule 4-(1)]		
I hereby apply for a certificate of enrolment under the Gujarat State tax on Professions, Trades, Callings and Employment s Act, 1976, as per Particulars given below:-		
1. Old Prof. Tax No. .		
2. Prof Tax No of AMC		3.New Reg.
Name of the Applicant (#)		
AMC Tena. No.		Commencement Date (#)
Establishment Name (#)		Off. Res.
Address -1(#)		
Building		Street
Muni. Ward		
Town/ City	Ahmedabad	Taluka
District	Ahmedabad	PIN
Mobile No.		E-Mail
Address of Additional Place (Pl. attach sheet if required)		
Building		Street
Muni. Ward		
Town/ City		Taluka
District		PIN
Profession/ Trade/ Calling/ (#)		
Entry No.(#)		Sub Entry No.
Arrears Rs.(#)		Current Rs (#).
(1) If falling under entry 6 of Schedule 1,		
Details of business like (1) Registration No (#).....		
(2) No. of Employees (#).....		
(3) Any Other.....		
(2) If falling under entry 7 of Schedule 1,		
Details of business like (1) Registration No (#).....		
(2) Turnover of previous year (#).....		
(3) Any Other... ..		
(3) If falling under any other entry of Schedule 1,		
Details of business like (1) Registration No.....		
(2) Registration Authority.....		
(3) Any Other... ..		
Pl. fill in this part , in case application is for revision of certificate of enrolment		
Registration Number of certificate of enrolment		
Grounds on which revision is sought		1
		2
The above statements are true to the best of my knowledge and belief.		
Date	Signature	Status
Acknowledgment		
(Particulars of Name and Ad dress to be filled in by the applicant)		
Received an application for enrolment in Form-3from		
Name of the applicant		
Full Postal Address		
Receiving Officer's signature		Date

(#) Marked fields are Compulsory