


Registration Number : 27PNES75251B1DE

1.	Legal Name	STATE OF MAHARASHTRA AGRI BUSINESS AND RURAL TRANSFORMATION DIV SATARA			
2.	Trade Name, if any	STATE OF MAHARASHTRA'S AGRIBUSINESS AND RURAL TRANSFORMATION DIU SATARA			
3.	Constitution of Business	Authority or board or any other body notified by Central / State			
4.	Address of Principal Place of Business	HAJERI MAL, ADMINISTRATIVE BUILDING PRASHASKIY IMARAT 3RD FLOOR, BEHIND ST BUS STAND, SATARA, SATARA, Satara, Maharashtra, 415002			
5.	Date of Liability	15/12/2021			
6.	Period of Validity	From	15/12/2021	To	Not Applicable
7.	Type of Registration	Tax Deductor			
8.	Particulars of Approving Authority	Maharashtra Goods and Services Tax Act, 2017			

Signature
Signature Not Verified
Digitally signed by DS GOODS AND SERVICES TAX NETWORK(4)
Date: 2021.12.21 12:30:17 IST

Name	Bhagawan Bhivaba Shinde
Designation	Superintendent
Jurisdictional Office	MHCG0004
9. Date of issue of Certificate	21/12/2021

Note: The registration certificate is required to be prominently displayed at all places of business in the State.

This is a system generated digitally signed Registration Certificate issued based on the approval of application granted on 21/12/2021 by jurisdictional authority.

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27PNES75251B1DE

**DEPARTMENT OF SALES TAX**

GOVERNMENT OF MAHARASHTRA, INDIA

www.mahavat.gov.in

**FORM - I**

(See rule 3(1))

EMPLOYERS REGISTRATION FORM

Application for Registration under sub-section (1) 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.	PAN / TAN of Employer *	PNES75251B	
2.	Name of the Employer (as mentioned in PAN/TAN)*	STATE OF MAHARASHTRA AGRIBUSINESS AND RU	
3.	Constitution *	Government	
4.	Nature of Work/Business/Activity (Mention appropriate Sr. No. from Annexure- II) *		
i).	Serial No.	(45)Government	
ii).	In case of Serial Number-44,		
5.	Status of the Signatory to the application *	AUTHORIZED PERSON OF STATE GOVERNMENT	
Documents to be attached: Letter of Authorization where the signatory is the Authorised Person of a Proprietor, Corporate Body and Union/State Government.			
5(A)	Name of the signatory to the application		
	First Name	Middle Name	Surname
	Gurudatta	Baburao	Kale
6.	Date of commencement of activity of Employer *	14-01-2022	
7.	Commencement of liability, Month from which the liability to pay tax commences * [MMYYYY]		
	Mention the date on which liability to pay tax commences	04-2022	
8.	No. of employees on the date of application to whom salary or wages paid per month are *		
	Salary/Wages	No of employees	
a)	Do not exceed rupees 7,500/-	0	
b)	Exceed rupees 7500/- but do not exceed rupees 10,000/- (M)	0	