

**FORM-II**

[See Rule 4 (1) and 6 (2)]

**APPLICATION FOR ENROLMENT UNDER THE NAGALAND PROFESSIONS, TRADES, CALLINGS AND EMPLOYMENTS TAXATION ACT, 1968.**

To  
The Profession Tax Officer,  
.....

I hereby apply for a certificate of enrolment/revision of certificate of enrolment under the above-mentioned Act as per particulars given below:

1. Name of the Applicant

2. Full Postal Address

3. Date of birth and Age

4. Profession, Trade or Calling

5. Period of standing in profession in year and months

6. Numbers of others place of works (*Please give the address of the places*)

7. Annual turnover of all sales/Purchases.

\*8. Number of workers engaged in the factory.

\*9. Number of employees in the establishment

\*10. If Cooperative Society whether State level / District level

\*11. Number of Vehicles for which permit under M. V. Act is held:

Three Wheelers:

Trucks and Buses:

**Total:** \_\_\_\_\_

\*12. Enrolment No. of previous certificate if any

\*13. If registered under:

NST Act 1967 R.C. No. \_\_\_\_\_

CST Act 1956 R.C. No. \_\_\_\_\_

NVAT Act, 2005

R.C. No. \_\_\_\_\_

\*14. If simultaneously engaged in the employment of more than one employer, the name and address of all such employers and the monthly salary received from each of them:

\*15. Grounds on which revision is sought:

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

**Dated:**

**Signature with status.**

*\*Please fill up whichever is applicable.*

(FOR OFFICE USE ONLY)

Enrolment Certificate No.	DATE:
Amount of Tax Payable: ₹.	Date by which to pay:

Date of Enrolment

Signature of issuing Officer

**ACKNOWLEDGEMENT**

*(Particulars of name and address to be filled by Applicant)*

Received an Application for enrolment in Form.-II

Name :

Application No:

Address:

Dated:

Signature of receiving Officer