

3097/28-09-16

FORM - IA

See rule 4(2)/4(3)/6(1)

Certificate of Registration

I hereby certify that AKHIL RANJAN PANDA (SHAKTI SOCIAL) & Director (Name & Status) having undertaken to comply with the statutory requirements provided in the Odisha State Tax on Professions, Trades, Callings and Employments Act, 2000 & the Rules made there under as registered under Section 6(1) of the Act and is assigned with

1. Identification Number

21224202354

2. Date of effect

28/09/2016

3. Address

SAI PRIYA NAGAR 2ND LANE RAYAGADA
RAYAGADA 765001

4. Total amount payable every year u/s 5 of the Act

2500



Office Seal

Shama
28/09/16
Assessing Authority
Sale Tax Officer
Rayagada Circle Rayagada
RAYAGADA Circle

Seal

- Note**
1. This Registration Certificate is not transferable.
 2. In case, the registrant starts operation from other places (other than those mentioned above), he shall intimate the Department.
 3. Tax Payment shall be on monthly basis by the last day of the succeeding month as per Rule 13(1) (a) of the Rules.
 4. Return in Form V shall be filed annually, within three months from the end of the year as per Rule 13(1)(b) of the Rules.