Form - PROPRIETORSHIP FIRM REGISTRATION

:: Contact Person Details ::

Name *	
Address *	
Email *	
Phone No *	

APPLICANT DETAILS

APPLICANT NAME * (As Per Aadhaar Card)	
AADHAAR NO *	
DATE OF BIRTH * (DD/MM/YYYY)	
GENDER *	 Male Female Transgender
FULL ADDRESS WITH PIN NO *	
CASTE *	- select -
PHYSICALLY HANDICAPPED ? *	O Yes O No

BUSINESS DETAILS

NAME OF ENTERPRISE *	
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PAN NO *	
FULL OFFICIAL ADDRESS WITH PIN NO *	
LOCATION OF PLANT if ,it's Manufacturing Unit	
MOBILE NO / TELEPHONE NO *	
E-MAIL ID	
DATE OF COMMENCEMENT OF BUSINESS * (DD/MM/YYYY)	
PREVIOUS EM1/EM2/SSI/UAM REGISTRATION NUMBER , If Any	
MAJOR ACTIVITY OF BUSINEES *	- select -
BUSINEES ACTIVITY DETAILS *	
PERSONS EMPLOYED *	

BANK DETAILS

BANK NAME *	
BRANCH NAME *	
IFSC CODE *	
ACCOUNT NUMBER *	

ACCOUNT TYPE *		○ Savings	
	○ Current		

DOCUMENT

APPLICANT PHOTO *	Browse No file selected.
APPLICANT AADHAAR CARD *	Browse No file selected.

FEES DETAILS

Total Expenses Rs 5900/- Including All Govt Charges (Application, Documents verification before application, Documents Correction if Need, Provide Application file/Memorandum,Certificate and Login ID, Password Details thorough Email ID)

PAYMENT PROOF * [Attach Bank Receipt/Transfer proof Scan of- Ashadip Public Service Centre, Bandhan Bank, Kharagpur Branch, Current AC No 10190001413319, IFSC Code: BDBL0001532] BDBL0001532]	ank, Kharagpur Branch, Browse No file selected.
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SPONSORED INFORMATION AND FINAL SUBMISSION

Sponsor Present ? *	○ Yes ○ No
If Yes, Give the Sponsored Username	