



P.T.

69

FORM II-A

000005218744

**Certificate of Enrolment**

under sub-section (2) of sub-section (2A) or sub-section (3) of section 5 the Maharashtra State Tax on Professions, Trades, Callings and Employments Act, 1975

[See rule 4(4)]

Enrolment Certificate Number 99474905683P

This is to certify that, SAICHAYA GRAMIN SWAYAMSEVI BAHUDESHEIYA whose details are given below has been enrolled under Maharashtra State Tax on Professions, Trades, Callings and Employments Act, 1975.

1. Name of the Enrolled Person SAICHAYA GRAMIN SWAYAMSEVI BAHUDESHEIYA
2. Name of Work/Business/Activity (If applicable) SAICHAYA GRAMIN SWAYAMSEVI BAHUDESHEIYA
3. Address of person/Principal place of work/Business/Activity 01,,  
GANESH VIHAR, KARKHANA ROAD,  
Akole,  
AKOLE,  
AHMEDNAGAR,  
422601.
4. Entry Number under Schedule-I 016 (I)
5. Address of Additional Place(s) of work 01,,  
GANESH VIHAR, KARKHANA ROAD,  
Akole,  
AKOLE,  
AHMEDNAGAR,  
422601.
6. Certificate with effect from 01-Apr-24

The holder of this certificate shall pay the tax for the unenrolled period at Rs. 0.00 immediately for the years 0-0 (Previous years); Rs 2500.00 on or before 05-Sep-24 for year 2024-2025 (current year) and Rs 2500.00 per annum on or before 30<sup>th</sup> June of every year, in the manner prescribed in rule 20 of the Maharashtra State Tax on Professions Trades, Callings and Employments Rules, 1975.

Place :

Desk ID -

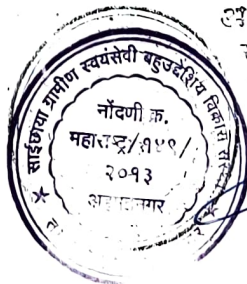
Date : 06-Aug-24



Seal

DS Maharashtra Goods and Services Tax Department 01

Stamp of the Government of Maharashtra, Department of Goods and Services Tax, Ahmednagar. The stamp is circular with the text 'GOVERNMENT OF MAHARASHTRA' and 'DEPARTMENT OF GOODS AND SERVICES TAX, AHMEDNAGAR' around the perimeter. In the center, it says '01'.



अध्यक्ष

साईछाया ग्रामीण स्वयंसेवी बहुउद्देशीय संस्था, ता.अकोले, जि.अहमदनगर

अध्यक्ष

साईछाया ग्रामीण स्वयंसेवी बहुउद्देशीय संस्था, ता.अकोले, जि.अहमदनगर

सचिव

सचिव



FORM II-A

000005218744

## Certificate of Enrolment

under sub-section(2) of sub-section (2A) or sub-section (3) of section 5 the Maharashtra State Tax on Professions, Trades, Callings and Employments Act, 1975

[See rule 4(4)]

"Disclaimer - This Certificate of Enrollment is granted on the basis of information submitted in online application form. So it is not a proof of address or any contents herein."



महाराष्ट्र शासन

Maharashtra Sahasra Shiksha Yojana



अध्यक्ष

साईछाया ग्रामीण रानवलेली बहुउद्देशीय विकास संस्था, ता.अकोले, जि.अहमदनगर

अध्यक्ष

साईछाया ग्रामीण रानवलेली बहुउद्देशीय विकास संस्था, ता.अकोले, जि.अहमदनगर

सचिव

सचिव

**MTR Form Number-6**

**Account Head 00280012**

|                                                                          |                    |         |                                                                                   |               |                           |                              |                                     |                                       |                      |         |      |                       |  |  |  |
|--------------------------------------------------------------------------|--------------------|---------|-----------------------------------------------------------------------------------|---------------|---------------------------|------------------------------|-------------------------------------|---------------------------------------|----------------------|---------|------|-----------------------|--|--|--|
| GRN                                                                      | MH011438668202425U | BARCODE |  |               |                           | Date                         | 22/11/2024-16:39:39                 |                                       |                      | Form ID | VIII |                       |  |  |  |
| Department Commissioner of Sales Tax                                     |                    |         |                                                                                   |               | Payer Details             |                              |                                     |                                       |                      |         |      |                       |  |  |  |
| Type of Payment Profession Tax - PTEC<br>Maharashtra Profession Tax PTEC |                    |         |                                                                                   |               | TAX ID / TAN (If Any)     |                              | 99474905683P                        |                                       |                      |         |      |                       |  |  |  |
|                                                                          |                    |         |                                                                                   |               | PAN No.(If Applicable)    |                              | AANTS5531R                          |                                       |                      |         |      |                       |  |  |  |
| Office Name Sales Tax Office AHMEDNAGAR                                  |                    |         |                                                                                   |               | Full Name                 |                              | SAICHAYA GRAMIN SWAYAMSEVI BAHUDDES |                                       |                      |         |      |                       |  |  |  |
| Location AHMEDNAGAR                                                      |                    |         |                                                                                   |               |                           |                              |                                     |                                       |                      |         |      |                       |  |  |  |
| Year 2024-2025 From 01/04/2024 To 31/03/2025                             |                    |         |                                                                                   |               | Flat/Block No.            |                              |                                     |                                       |                      |         |      |                       |  |  |  |
| Account Head Details                                                     |                    |         |                                                                                   | Amount In Rs. |                           | Premises/Building            |                                     |                                       |                      |         |      |                       |  |  |  |
| AMOUNT OF TAX                                                            |                    |         |                                                                                   | 2500.00       |                           | Road/Street                  |                                     |                                       |                      |         |      |                       |  |  |  |
|                                                                          |                    |         |                                                                                   |               |                           | Area/Locality                |                                     |                                       |                      |         |      |                       |  |  |  |
|                                                                          |                    |         |                                                                                   |               |                           | Town/City/District           |                                     |                                       |                      |         |      |                       |  |  |  |
|                                                                          |                    |         |                                                                                   |               |                           | PIN                          |                                     |                                       |                      |         |      |                       |  |  |  |
|                                                                          |                    |         |                                                                                   |               |                           | Remarks (If Any)<br><br>VIII |                                     |                                       |                      |         |      |                       |  |  |  |
|                                                                          |                    |         |                                                                                   |               |                           |                              |                                     |                                       |                      |         |      |                       |  |  |  |
|                                                                          |                    |         |                                                                                   |               |                           |                              |                                     |                                       |                      |         |      |                       |  |  |  |
|                                                                          |                    |         |                                                                                   |               |                           |                              |                                     |                                       |                      |         |      |                       |  |  |  |
|                                                                          |                    |         |                                                                                   |               |                           |                              |                                     |                                       |                      |         |      |                       |  |  |  |
|                                                                          |                    |         |                                                                                   |               |                           |                              |                                     |                                       |                      |         |      |                       |  |  |  |
|                                                                          |                    |         |                                                                                   |               |                           | Amount In                    |                                     | Two Thousand Five Hundred Rupees Only |                      |         |      |                       |  |  |  |
| Total                                                                    |                    |         |                                                                                   | 2,500.00      |                           | Words                        |                                     |                                       |                      |         |      |                       |  |  |  |
| Payment Details STATE BANK OF INDIA                                      |                    |         |                                                                                   |               | FOR USE IN RECEIVING BANK |                              |                                     |                                       |                      |         |      |                       |  |  |  |
| Cheque-DD Details                                                        |                    |         |                                                                                   |               | Bank CIN                  |                              | Ref. No.                            |                                       | 00040572024112247323 |         |      | CPAEMIGLG0            |  |  |  |
| Cheque/DD No.                                                            |                    |         |                                                                                   |               | Bank Date                 |                              | RBI Date                            |                                       | 22/11/2024-16:24:41  |         |      | Not Verified with RBI |  |  |  |
| Name of Bank                                                             |                    |         |                                                                                   |               | Bank-Branch               |                              |                                     | STATE BANK OF INDIA                   |                      |         |      |                       |  |  |  |
| Name of Branch                                                           |                    |         |                                                                                   |               | Scroll No. , Date         |                              |                                     | Not Verified with Scroll              |                      |         |      |                       |  |  |  |

Department ID : URN10021728862TE

Mobile No. : 9763555300






साईंछाया ग्रामीण स्वयंसेवी बहुउद्देशिय  
 विकास संस्था, ता.अकोले, जि.अहमदनगर