



CENTRAL BOARD OF EXCISE AND CUSTOMS

Ministry of Finance - Department of Revenue



FORM ST-1

[Application form for registration under Section 69 of The Finance Act, 1994(32 of 1994)]

Application Date: 17/02/2017

IDENTIFICATION OF BUSINESS REQUIRING REGISTRATION

Name of Applicant : SIDHESHWAR ENTERPRISES

Address of the Applicant : PRIYADARSHANI CO OP HSG STY, F1/05/20, PLOT NO. 22, SECTOR-15, KHARGAR, NAVI MUMBAI - 410210

Details of Permanent Account Number(PAN) of the applicant

PAN Status : Allotted

PAN : AJVPD9256F

Name of the Applicant(as appearing in PAN) : SANTOSH SHRIMANT DESHMUKH

Constitution Of applicant : Proprietorship

Government Department Type : -

Name of Trustee/Proprietor/HUF : SANTOSH SHRIMANT DESHMUKH

Category of Registrant : Service Provider

Nature of registration : Registration of a single premise

Taxable services provided : Maintenance or repair service, Other Taxable Services- Other than the 119 listed

ADDRESS OF PREMISES FOR WHICH REGISTRATION IS SOUGHT

Name Of Premises/Building : PRIYADARSHANI CO OP HSG STY

Flat / Door / Block No : F1/05/20

Road / Street / Lane : PLOT NO. 22

Village / Area / Lane : SECTOR-15

Block / Taluk / Sub-Division / Town : NAV MUMBAI

Post Office : KHARGAR

City / District : RAIGAD

State / Union Territory : MAHARASHTRA

PIN : 410210

Phone Number : 9930432456

Mobile Number : 8108705124

Fax Number-1 :

Fax Number 2 :

Email Address : admin@mohitetax.in

Commissionerate : SERVICE TAX COMMIS-SIONERATE-VII MUMBAI

Division : SERVICE TAX DIVI-SION-III

Range : DIVISIONAL GROUP-III(SM0303)

Premises Code :

NAME, DESIGNATION AND ADDRESS OF AUTHORIZED SIGNATORIES

Name : SANTOSH SHRIMANT DESHMUKH **Designation :** Proprietor

Address : PRIYADARSHANI CO OP HSG STY, F1/05/20, PLOT NO. 22, SECTOR -15, KHARGAR, NAVI MUMBAI - 410210

Phone Number : 9930432456

Email Address : admin@mohitetax.in

Declaration

I, SANTOSH SHRIMANT DESHMUKH, hereby declare that the information given in this application form is true, correct and complete in every respect and that I am authorised to sign on behalf of the Registrant.

(a) For new Registration : I would like to receive the Registration Certificate by mail/by hand/E-MAIL

(b) For amendments to information pertaining to existing Registrant : Date from which amendments are made:

Date : 17/02/2017