



# INC-35 AGILE-PRO-S

Form language

☒ English ☐ Hindi

(Application for Goods and services tax Identification number , employees state Insurance corporation registration pLus Employees provident fund organisation registration, Profession tax Registration, Opening of bank account and Shops and Establishment Registration)

[Pursuant to rule 38(A) of the Companies (Incorporation) Rules,2014]

Refer instruction kit for filing the form

All fields marked in \* are mandatory

\*Name of the Company

METACORE TESTING LABORATORY  
(OPC) PRIVATE LIMITED

1 \*Do you want to apply for GSTIN

☐ Yes ☒ No

2 \*State (Same as entered in SPICe+)

Uttar Pradesh

3 \*District (Same as entered in SPICe+)

Gautam Buddha Nagar

4 State Jurisdiction

Sector / Circle / Ward /Charge / Unit

## 5 Centre Jurisdiction

Commissionerate

Division

Range

6 Reason to Obtain Registration

☒ Yes ☐ No

7 \*Whether the Establishment on Lease

Leased from Date

01/01/2023

Leased to Date

30/11/2023

7a Nature of possession of premises

(Own/Leased /Rented /Consent /SharedOthers)

If selected others,

**b Proof of Principal place of Business**

(Property Tax Receipt (TAXR)/Municipal Khata copy (CMUK),  
Electricity Bill (ELCB)/ Rent/ Lease Agreement (RLAT),  
Consent Letter (CNLR)/Rent receipt with NOC (In case of no/expired agreement) (RNOC),  
Legal ownership document (LOWN)

Proof of Principal place of business

MAX 2MB

**c \*Whether the building/premises of establishment, is owned or hired**

(Hired / Rented/Owned /Leased)

Leased

If hired or there is a change in the name of unit/ ownership, please indicate

☐ Yes ☒ No

Leased from Date

01/01/2023

Leased to Date

30/11/2023

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**8 Option for Composition**

☐ Yes ☐ No

**8a Composition Declaration**

☐ I hereby declare that aforesaid business shall abide by the conditions and restrictions specified in the Act or Rules for opting to pay tax under the composition levy.

**b Category of Registered Person**

- ☐ Manufacturer of non-notified goods  
☐ Supplier of food and non- alcoholic drinks  
☐ Any other eligible Supplier

**9 Nature of Business Activity being carried out at above mentioned Premises (Please tick applicable)**

- ☐ Factory / Manufacturing,  
☐ Wholesale Business ,  
☐ Retail Business ,  
☐ Warehouse / Depot,  
☐ Bonded Warehouse,  
☐ Supplier of Services,  
☐ Office / Sale Office,  
☐ Leasing Business  
☐ Recipient of goods or services,  
☐ EOU / STP / EHTP,  
☐ Works Contract,  
☐ Export,  
☐ Import,  
☐ Others (Please specify)

**9a \*Primary Business Activity**

OTHERS

If Others selected, please specify

OTHER PROFESSIONAL SCIENTIFIC,

b\*Exact nature of work / business

Miscellaneous

\*Work Sub-Category

Others

\*Nature of Work Business

OTHER PROFESSIONAL SCIENTIFIC,

### 10 Details of the Goods supplied by the Business

HSN code (4 Digit)

Description of Goods

### 11 Details of Services supplied by the Business

Service Accounting Code (6 digit)

Description of Services

### 12 Director / Primary Owners / Office Bearer Details

(Minimum number of directors / Primary Owners / Office Bearers to be entered for OPC shall be 1, 2 in case of private company, 3 in case of public limited company and 5 in case of Producer Company)

\*Number of Director details to be entered

1

12a Enter Director details who is also an Authorized Signatory / Primary Owner / Office Bearer

(Search and select the name of the director)

DIN

\*PAN

\*First Name

Middle Name

\*Last Name

\*Personal Mobile Number

\*Personal Email ID

FWEPK3296R

ANKIT

KAUSHIK

+91\*\*\*\*\*52

an\*\*\*\*\*ok.com

Do you wish to perform Aadhaar authentication for GSTN registration

☐ Yes

☐ No

\*Photograph

ankit photo.jpeg

Proof of appointment of Authorized Signatory for GSTN

MAX 2MB

*(Either of the following document can be attachedLetter of Authorization/Copy of Resolution passed by BoD/Managing Committee and Acceptance letter)*

\*Specimen Signature of Authorized Signatory for EPFO

SPECIMEN SIGNATURE OF AUTHORIZ

**b Director Details other than Authorized Signatory/Primary Owner / Officer Bearer**

(Search and select the name of the director)

DIN

\*PAN / Passport Number

\*First Name

Middle Name

\*Last Name

\*Personal Mobile Number

\*Personal Email ID

\*Photograph

MAX 2MB

13\*Police Station

SARFABAD

14 Employer's Particulars

\*Select Appropraite Branch Office

BO - Noida-I

\*Select Inspection Division

IO-Noida

**15 Bank Particulars**

Select Bank Name

Bank of Baroda

\*Proof of Identity of Authorized Signatory for opening Bank Account

ankit aadhar.pdf

\*Proof of Address of Authorized Signatory for opening Bank Account

ankit aadhar.pdf

**16 Details for Shops and Establishment Registration**

Whether registration is required under shops and establishment

☐ Yes

☐ No

a Category of Establishment

b Nature of Business

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### Declaration

#### GST Declaration (By Authorized Signatory)

☐ I hereby solemnly affirm and declare that the information given herein above is true and correct to the best of my knowledge and belief and nothing has been concealed therefrom.

#### ESIC Declaration (By Office Bearer)

☒ \*I hereby declare that the statement given above is correct to the best of my knowledge and belief. I also undertake to intimate changes if any, promptly to the Regional Office/Sub Regional Office, ESI Corporations as soon as such change takes place.

#### Professional Tax Declaration

☐ The above information is true to the best of knowledge and belief

#### EPFO Declaration (By Primary Owner)

☒ \*I hereby solemnly affirm and declare that the information given herein above is true and correct to the best of my knowledge and belief and nothing has been concealed therefrom

#### Bank Declaration (By Authorized Signatory)

☒ \*I hereby solemnly affirm and declare that the information given herein above is true and correct to the best of my knowledge and belief and nothing has been concealed therefrom.

I authorize  Bank and its officials to contact me/us on phone/ email/ SMS for the purpose of opening of bank account.

I understand that the bank account number generated through this process will be shared with MCA by the banks.

I/we undertake to complete all documentary requirements as per bank KYC norms before activation of the account.

#### Shops and Establishment (Delhi) Declaration (By Primary Owner)

☐ I hereby solemnly affirm and declare that the information given herein above is true and correct to the best of my knowledge and belief and nothing has been concealed therefrom.

*Place	GAUTAM BUDH NAGAR
*Date	07/11/2023
*Designation	Director
*To be digitally signed by director	
*DIN/PAN	FWEPK3296R

*(Authorized Signatory / Primary Owner / Office Bearer signing the SPICe+ -AGILE-PRO-S form shall provide his Permanent Account Number)*

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