




**Presentation of  
Registration for HOTELS AND  
LODGING HOUSES**

# Select act to make registration

Commissionerate of Taxes x    Commissionerate of Taxes x    Vitas

localhost:8080/AssamTIMS/regOption.jsp

 **GOVERNMENT OF ASSAM**  
COMMISSIONERATE OF TAXES



**Please select the ACT under which Registration is to be performed**

- Value Added Tax For VAT Dealer[Form-2]
- Value Added Tax For GRN Dealer [Form-4]
- Central Sales Tax [Form -A]
- Entry Tax [Form-ET-1 ]
- Professional Tax
- Hotel and Lodging[Form-1]
- Entertainment Tax

**Submit**

Copyright © Commissionerate of Taxes, Govt. of Assam, 2010. [Disclaimer](#)  
Last updated on 10th May 2016

# After select the Registration

Commissionerate of Taxes x Commissionerate of Taxes x

localhost:8080/AssamTIMS/locOption.jsp?offline=&upload=

GOVERNMENT OF ASSAM  
COMMISSIONERATE OF TAXES

**Please Select Your Location**

District:	Hailakandi ▼
Location:	Hailakandi Unit ▼
<a href="#">Submit</a> <a href="#">Back</a>	<a href="#">Help</a>


Copyright © Commissionerate of Taxes, Govt. of Assam, 2010. [Disclaimer](#)  
Last updated on 10th May 2016





# Fill the detail information

Commissionerate of Taxes x    Commissionerate of Taxes x

localhost:8080/AssamTIMS/newPTEnrolment.jsp

 **GOVERNMENT OF ASSAM**  
COMMISSIONERATE OF TAXES





**THE ASSAM PROFESSIONS, TRADES, CALLINGS AND EMPLOYMENTS TAXATION RULES, 1947**  
**FORM I**  
**Application for Registration [See rule 10 (1)/10 (9)]**


To  
The Prescribed Authority,  
\* Of **Hailakandi Unit**

I \*son/daughter of \*carrying on business, particulars of Which are given below,hereby apply for registration under the Assam Professions, Taxation Act, 1947 as per particulars given below

Name and Address of the Dealer

Name & Style of Business*	<input type="text"/>		
Building name/No.	<input type="text"/>	Area/Road*	<input type="text"/>
Locality/Market*	<input type="text"/>	City/Town*	<input type="text"/>
Pin Code*	<input type="text"/>	E-mail ID*	<input type="text"/>
Telephone No.*	<input type="text"/>	Fax	<input type="text"/>

Miscellaneous Business Information


Date of commencement of Profession/Trade/Calling/Employment\*  


Windows Taskbar: 3:45 PM


# Filled record

Commissionerate of Taxe x    Commissione rate of Taxe x    Vitas

localhost:8080/AssamTIMS/newHalRegistration.jsp

 **GOVERNMENT OF ASSAM**  
COMMISSIONERATE OF TAXES





**THE ASSAM TAX ON LUXURIES (HOTELS AND LODGING HOUSES) RULES, 1989**  
**FORM 1**  
**Application for Registration [ See Rule 3 ]**

To  
The Prescribed Authority,  
Superintendent of Taxes \* Of **Hailakandi Unit**

I  \*son/daughter of  \*carrying on business, particulars of Which are given below,hereby apply for registration under Section of the Assam Tax Rules, 1989.

Application Information

Establishment Type*	Marriage/Function Hall etc. ▾
---------------------	-------------------------------

### Details of Applicant

Applicant Information

Business Manager Name	<input type="text" value="Test"/>
Status of Applicant*	Secretary ▾

Name and Address of Hotel/Hospital/Luxury Boats/Heritage Home/Marriage Hall/Banquet etc.

Name*	<input type="text" value="test"/>
-------	-----------------------------------

# Confirmation and print

Commissionerate of Taxe x Commissionerate of Taxe x

localhost:8080/AssamTIMS/regHLDealerServlet?type=validate

Of **Hailakandi Unit**

I Test son/daughter of Test test carrying on business, particulars of Which are given below,hereby apply for registration under Section of the Assam Tax on luxuries ( Hotel and Lodging houses) Rules, 1989.

Application Information.

Establishment Type	Marriage/Function Hall etc...
--------------------	-------------------------------

## Details of Applicant

Applicant Information

Business Manager Name	Test
Status of Applicant	Secretary

Name and Address of Hotel/Hospital/Luxury Boats/Heritage Home/Marriage Hall/Banquet etc.

Name	test
Address	Acb test
Accommodation capacity	5
Charges for Accommodation	5000
Phone No.	9876543210
E-mail ID	abc@gmail.com

Name and Address of Office at Other Place

Sl No	Office Type	Name of Office	Building name/No	Area/Road	Locality/Market	City/Town	Pin Code	E-mail ID	Telephone No.	Fax
1	Factory	Abc	98765432110	Local	GHy	GHy	780008	Abc@gmail.com	9874563210	9874561230

Windows taskbar: 3:45 PM

**Thank You**