



# Presentation of Registration for professional tax


# Select act to make registration

Commissionerate of Taxes x

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**


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# After select the professional tax

Commissionerate of Taxes x

localhost:8080/AssamTIMS/newPTRegistrationOption.jsp

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

- Application for a Certificate of Registration
- Application for a Certificate of Enrolment


**Submit**



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# Select the location and unit

Commissionerate of Taxes x

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

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**Please Select Your Location**


District:	Kamrup (U) ▼
Location:	Guwahati-B Unit ▼
<a href="#">Submit</a> <a href="#">Back</a>	<a href="#">Help</a>


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# Fill the detail information

Commissionerate of Taxes X

localhost:8080/AssamTIMS/newPTRegistration.jsp

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**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,  
Superintendent of Taxes \* Of Guwahati-B Unit

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

Name and Address of the Dealer

Name & Style of Business*	Test business		
Status of Applicant*	Secretary		
Class of Employer*	Public Sector Undertaking		

02. Full Address of place of Business\*.

Building name/No.		Area/Road*	Area
Locality/Market*	Locality	City/Town*	city
Pin Code*	786105	E-mail ID*	abc@gmail.com

1:30 PM


# Confirmation and print

Commissionerate of Taxes x

localhost:8080/AssamTIMS/regPTDealerServlet?type=validate&submit=

 **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,  
Superintendent of Taxes Of **Guwahati-B Unit**

I Test son/daughter of Test carrying on business, particulars of Which are given below, hereby apply for registration under the Assam Professions, Trades, Callings and Employments Taxation Act, 1947 as per particulars given below

Name and Address of the Dealer

Name & Style of Business	Test business
Status of Applicant	Secretary
Class of Employer	Public Sector Undertaking

02. Full Address of place of Business.

Address of the Firm	Area
Pin Code	786105
Phone No.	9854134623
E-mail ID	abc@gmail.com

Business Information :

Windows taskbar: 1:30 PM

**Thank You**