

Central Board of Excise and Customs
Ministry of Finance - Department of Revenue

Name : ACES Test392 Designation : Superintendent SSO ID : 27000995 EXECUTIVE SET-UP ZONE: GUWAHATI English Hindi

Transactions Worklist

Application for Registration Under - Goods and Services Tax Act Jan 2018

View Details Delegate Clear Home

| Sl.No | ARN Date | ARN | Target Date | Status | Alert | PAN | Business Name | Tax Payer Name |
|-------|------------|-----------------|-------------|----------------------|-------|------------|---------------|----------------|
| 1 | 22-01-2018 | AA1801180000212 | 08-02-2018 | Pending for Approval | ● | ANZPS2226A | SAVARINAYAGI | SAVARINAYAGI |
| 2 | 22-01-2018 | AA180118000017R | 08-02-2018 | Pending for Approval | ● | ANZPS2226A | SAVARINAYAGI | SAVARINAYAGI |

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Central Board of Excise and Customs
Ministry of Finance - Department of Revenue

Name : ACES Test392 Designation : Superintendent SSO ID : 27000995 EXECUTIVE SET-UP ZONE: GUWAHATI English Hindi

Transactions Worklist

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Name : ACES Test392 Designation : Superintendent SSO ID : 27000995 EXECUTIVE SET-UP ZONE: GUWAHATI

Registration

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Form GST REG-01 [See Rule 8] State/UT - **Assam** District - **Kamrup**

Application for Registration [More...](#)

| | | | |
|-----------------|------------|----------------------------------|----------------------|
| ARN | ARN Date | Registration Type | Registration Status |
| AA1801180000212 | 22-01-2018 | Application for New Registration | Pending for Approval |

Registration Details
Existing Registrations
Principal Place of Business
Bank Accounts
Goods & Services
Additional Place of Business
Partners Details
Signatory
Others

Registration Details

Part - A

| | | | |
|--------------------------------|------------|---------------------|--------------------|
| (i) Legal Name of the Business | (ii) PAN | (iii) Email Address | (iv) Mobile Number |
| SAVARINAYAGI | ANZPS2226A | kish12@hi2.in | 9886385127 |

Part - B

| | | | |
|-----------------------|-----------------------------|------------------------|----------------------|
| 1. Trade Name, if any | 2. Constitution of Business | Others(Please Specify) | 3. Name of the State |
| SAVARINAYAGI | Proprietorship | Not Applicable | Assam |

District

Kamrup

4. Jurisdiction

| | | | |
|-------|------------|------------------------------|------------------------|
| State | Centre | Sector,Circle,Ward,Unit,etc. | Others(Please Specify) |
| Assam | Z:GUWAHATI | GUWAHATI - A - 1 | Not Applicable |

5. Option for Composition Yes No

7. Date of commencement of business 8. Date on which liability to register arises

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Registration
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Form GST REG-01 [See Rule 8] State/UT - **Assam** District - **Kamrup**

Application for Registration [More...](#)

| | | | |
|-----------------|------------|----------------------------------|----------------------|
| ARN | ARN Date | Registration Type | Registration Status |
| AA1801180000212 | 22-01-2018 | Application for New Registration | Pending for Approval |

Registration Details
Existing Registrations
Principal Place of Business
Bank Accounts
Goods & Services
Additional Place of Business
Partners Details
Signatory
Others

15.Indicate existing registrations wherever applicable?

| Sr. No. | Type of Registration | Registration Number |
|---------|---|---------------------|
| 1 | Registration number under Value Added Tax (TIN) | |
| 2 | Central Sales Tax Registration Number | |
| 3 | Entry Tax Registration Number | |
| 4 | Entertainment Tax Registration Number | |
| 5 | Hotel and Luxury Tax Registration Number | |
| 6 | Central Excise Registration Number | |
| 7 | Service Tax Registration Number | |
| 8 | Corporate Identify Number/Foreign Company Registration Number | |
| 9 | Limited Liability Partnership Identification Number/Foreign Limited Liability Partnership Identification Number | |
| 10 | Importer/Exporter Code Number | |
| 11 | Registration number under Medicinal and Toilet Preparations(Excise Duties) Act | |
| 12 | Registration number under Shops and Establishment Act | |

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Registration
Task List Transactions Worklist Registration

Form GST REG-01 [See Rule 8] State/UT - Assam District - Kamrup

Application for Registration [More...](#)

| | | | |
|-----------------|------------|----------------------------------|----------------------|
| ARN | ARN Date | Registration Type | Registration Status |
| AA1801180000212 | 22-01-2018 | Application for New Registration | Pending for Approval |

Registration Details Existing Registrations **Principal Place of Business** Bank Accounts Goods & Services Additional Place of Business Partners Details Signatory Others

16. (a) Address of Principal Place of Business

| | | | |
|----------------------------|-----------|-------------------------------|-------------|
| Building No./Flat No. | Floor No. | Name of the Premises/Building | Road/Street |
| 633 | | | MG Road |
| City/Town/Locality/Village | District | Taluka/Block | State |
| Guwahati | Kamrup | | Assam |
| PIN Code | Latitude | Longitude | |
| 781001 | | | |

(b) Contact Information

| | | | |
|----------------------|------------------------------|---------------|------------------------|
| Office Email Address | Office Telephone number(STD) | Mobile Number | Office Fax Number(STD) |
| kish12@hi2.in | | 9886385127 | |

(c) Nature of premises Others(specify)

Ownership Not Applicable

(d) Nature of business activity being carried out at above mentioned premises (Please tick applicable) Others(Specify)

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Task List Transactions Worklist Registration

Form GST REG-01 [See Rule 8] State/UT - Assam District - Kamrup

Application for Registration [More...](#)

ARN: AA1801180000212 ARN Date: 22-01-2018 Registration Type: Application for New Registration Registration Status: Pending for Approval

Registration Details Existing Registrations Principal Place of Business **Bank Accounts** Goods & Services Additional Place of Business Partners Details Signatory Others

17. Details of Bank Account(s)

Total number of Bank Accounts maintained by the applicant for conducting business:

| Sr. No. | Account Number | Type of Account | IFSC | Bank Name | Branch Address | Documents |
|---------|-----------------|-----------------|-------------|----------------|---|-----------|
| 1 | 364536456566666 | Savings | HDFC0000264 | HDFC BANK LTD. | 126, G S ROADBHANGAGARH,GUWAHATIASSAM781005 | |

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|-----------------|------------|----------------------------------|----------------------|
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| AA1801180000212 | 22-01-2018 | Application for New Registration | Pending for Approval |

| | | | | | | | | |
|----------------------|------------------------|-----------------------------|---------------|------------------|------------------------------|------------------|-----------|--------|
| Registration Details | Existing Registrations | Principal Place of Business | Bank Accounts | Goods & Services | Additional Place of Business | Partners Details | Signatory | Others |
|----------------------|------------------------|-----------------------------|---------------|------------------|------------------------------|------------------|-----------|--------|

| | |
|-------|----------|
| Goods | Services |
|-------|----------|

18. Details of the Goods supplied by the Business

Please specify top 5 Goods

| Sr. No. | Description of Goods | HSN Code |
|---------|---|----------|
| 1 | UNCOATED PAPER AND PAPERBOARD, OF A KIND USED FOR WRITING, PRINTING OR OTHER GRAPHIC PURPOSES, AND NON-PERFORATED PUNCH CARD AND PUNCH TAPE PAPER, IN ROLLS OR RECTANGULAR (INCLUDING SQUARE) SHEETS OF ANY SIZE, OTHER THAN PAPER OF HEADING 4801 OR 4803; HANDMADE PAPER AND PAPERBOARD | 4802 |

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Registration

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ARN: AA1801180000212 ARN Date: 22-01-2018 Registration Type: Application for New Registration Registration Status: Pending for Approval

Registration Details Existing Registrations Principal Place of Business Bank Accounts Goods & Services **Additional Place of Business** Partners Details Signatory Others

20. Details of Additional Place(s) of Business ?

Number of additional places: 0

Premises


(a) Details of Additional Place of Bussiness





| Sr. No. | Building No/Flat No | Floor No | Name of the Premises/Building | Road/Street | City/Town/Locality/Village | District | Block/Taluka | State | PIN Code | Latitude | Longitude | View Contact |
|------------------|---------------------|----------|-------------------------------|-------------|----------------------------|----------|--------------|-------|----------|----------|-----------|--------------|
| No Records Found | | | | | | | | | | | | |

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ACTIONS

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Registration


Task List Transactions Worklist Registration




Form GST REG-01 [See Rule 8] State/UT - Assam District - Kamrup

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| AA1801180000212 | 22-01-2018 | Application for New Registration | Pending for Approval |

| | | | | | | | | |
|--------------------------------------|--|---|-------------------------------|--------------------------------------|--|----------------------------------|---------------------------|------------------------|
| Registration Details | Existing Registrations | Principal Place of Business | Bank Accounts | Goods & Services | Additional Place of Business | Partners Details | Signatory | Others |
|--------------------------------------|--|---|-------------------------------|--------------------------------------|--|----------------------------------|---------------------------|------------------------|

21. Details of Proprietor/all Partners/Karta/Managing Directors and whole time Director/Members of Managing Committee of Associations/Board of Trustees etc. 

| Sr. No. | Name | | | Name of Father | | | Date of Birth | Gender | Designation/Status | Documents | View Details |
|---------|--------------|-------------|-----------|----------------|-------------|-----------|---------------|--------|--------------------|---|---|
| | First Name | Middle Name | Last Name | First Name | Middle Name | Last Name | | | | | |
| 1 | SAVARINAYAGI | | | SAVARINAYAGI | | | 23-08-1965 | Male | Manager |   |  |

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Registration

Task List Transactions Worklist Registration

Form GST REG-01 [See Rule 8] State/UT - Assam District - Kamrup

Application for Registration [More...](#)

Contact Information

| | | | |
|---------------|----------------|-----------------------------|---|
| Mobile Number | Email Address | Telephone No. with STD | Director Identification Number (if any) |
| 9886385127 | kish12@hi2.in | | |
| PAN | Aadhaar Number | Are you a citizen of India? | Passport No. (in case of foreigners) |
| ANZPS2226A | | Yes | |

Residential Address

| | | | |
|----------------------------|-------------------------------------|-------------------------------|-------------|
| Building No/Flat No | Floor No | Name of the Premises/Building | Road/Street |
| 590 | | | MG Road |
| City/Town/Locality/Village | District | Block/Taluka | State |
| Guwahati | Kamrup | | Assam |
| PIN Code | Country (in case of foreigner only) | ZIP Code | |
| 781001 | | | |

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Registration
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Application for Registration [More...](#)

| | | | |
|------------------------|------------------------|---|---|
| ARN AA1801180000212 | ARN Date 22-01-2018 | Registration Type Application for New Registration | Registration Status Pending for Approval |
|------------------------|------------------------|---|---|

Registration Details
Existing Registrations
Principal Place of Business
Bank Accounts
Goods & Services
Additional Place of Business
Partners Details
Signatory
Others

22. Details of Authorized Signatory

| Sr. No. | Name | | | Name of Father | | | Date of Birth | Gender | Designation/Status | Documents | Primary Authorized Signatory | View Contact |
|---------|---------------------|-------------|-----------|----------------|-------------|-----------|---------------|--------|--------------------|-----------|-------------------------------------|--------------|
| | First Name | Middle Name | Last Name | First Name | Middle Name | Last Name | | | | | | |
| 1 | SAVARINAYAGI | | | SAVARINAYAGI | | | 23-08-1965 | Male | Manager | | <input checked="" type="checkbox"/> | |
| 2 | BHASKAR CHUNDURU | | | CHUNDURU | | | 15-07-1988 | Male | Manager | | <input type="checkbox"/> | |
| 3 | BYREDDY SAI ALEKHYA | | | SAI | | | 25-11-1994 | Female | Manager | | <input type="checkbox"/> | |
| 4 | MRITUNJOY MONDAL | | | MONDAL | | | 24-10-1996 | Male | Manager | | <input type="checkbox"/> | |
| 5 | SUDHIR KUMAR PATEL | | | KUMAR | | | 15-06-1987 | Male | Manager | | <input type="checkbox"/> | |

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Registration
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 State/UT - Assam District - Kamrup

| | | | |
|------------------------|------------------------|---|---|
| ARN AA1801180000212 | ARN Date 22-01-2018 | Registration Type Application for New Registration | Registration Status Pending for Approval |
|------------------------|------------------------|---|---|

Registration Details
Existing Registrations
Principal Place of Business
Bank Accounts
Goods & Services
Additional Place of Business
Partners Details
Signatory
Others

22. Details of Authorized Signatory

| Sr. No. | Name | | | Name of Father | | | Date of Birth | Gender | Designation/Status | Documents | Primary Authorized Signatory | View Contact |
|---------|---------------------|-------------|-----------|----------------|-------------|-----------|---------------|--------|--------------------|-----------|-------------------------------------|--------------|
| | First Name | Middle Name | Last Name | First Name | Middle Name | Last Name | | | | | | |
| 1 | SAVARINAYAGI | | | SAVARINAYAGI | | | 23-08-1965 | Male | Manager | | <input checked="" type="checkbox"/> | |
| 2 | BHASKAR CHUNDURU | | | CHUNDURU | | | 15-07-1988 | Male | Manager | | <input type="checkbox"/> | |
| 3 | BYREDDY SAI ALEKHYA | | | SAI | | | 25-11-1994 | Female | Manager | | <input type="checkbox"/> | |
| 4 | MRITUNJOY MONDAL | | | MONDAL | | | 24-10-1996 | Male | Manager | | <input type="checkbox"/> | |
| 5 | SUDHIR KUMAR PATEL | | | KUMAR | | | 15-06-1987 | Male | Manager | | <input type="checkbox"/> | |

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Registration
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Form GST REG-01 [See Rule 8] State/UT - Assam District - Kamrup
Application for Registration [More...](#)

ARN: AA1801180000212 ARN Date: 22-01-2018 Registration Type: Application for New Registration Registration Status: Pending for Approval

Registration Details Existing Registrations Principal Place of Business Bank Accounts Goods & Services Additional Place of Business Partners Details Signatory Others

23. Details of Authorized Representative

Enrolment ID, if available

Provide following details, if enrolment ID is not available

PAN Aadhaar, if PAN is not available

Name of Person Designation/Status Mobile Number Email Address

SAVARINAY Telephone No. with STD FAX No. with STD

24. State Specific Information

Professional Tax Enrolment Code (EC) No. Professional Tax Registration Certificate (RC) No. State Excise License No.

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Registration
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Registration Details Existing Registrations Principal Place of Business Bank Accounts Goods & Services Additional Place of Business Partners Details Signatory Others

23. Details of Authorized Representative

Enrolment ID, if available

Provide following details, if enrolment ID is not available

PAN: Aadhaar, if PAN is not available:

Name of Person: SAVARINAY Designation/Status: Mobile Number: Email Address:

Telephone No. with STD: FAX No. with STD:

24. State Specific Information

Professional Tax Enrolment Code (EC) No.: Professional Tax Registration Certificate (RC) No.: State Excise License No.:

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Registration

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25. Documents Upload

A customized list of documents required to be uploaded.(refer Rule...) as per the field values in the form.

26. Consent

I on behalf of the holder of Aadhaar number give consent to "Goods and Services Tax Network" to obtain my details from UIDAI for the purpose of authentication. "Goods and Services Tax Network" has informed me that identity information would only be used for validating identity of the Aadhaar holder and will be shared with Central Identities Data Repository only for the purpose of authentication.

27. Verification(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


Signature





Place Name of Authorised Signatory

Date Designation/Status

PREVIOUS

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English
Hindi

Registration

Task List
Transactions Worklist
Registration

Form GST REG-01 [See Rule 8]
State/UT - Assam District - Kamrup

Application for Registration [More...](#)

| Sr.No | Name | | | | | | | | | | |
|--|---|-------|-----------|---------------------------------------|---|------|------------------------------|---|--------------------------------------|--|--------------------|
| <p>25. Documents Upload</p> <p>A customized list of documents required to be uploaded,(refer Rule...) as per the field values in the form.</p> <p>26. Consent</p> <p>I on behalf of the holder of Aadhaar number <input type="text"/> give consent to "Goods and Services Tax Network" to obtain my details from UIDAI for the purpose of authentication. "Goods and Services Tax Network" has informed me that identity information would only be used for validating identity of the Aadhaar holder and will be shared with Central Identities Data Repository only for the purpose of authentication.</p> <p>27. Verification(by authorized signatory)</p> <p><input checked="" type="checkbox"/> 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</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 60%;">Place</td> <td style="width: 40%;">Signature</td> </tr> <tr> <td><input type="text" value="Guwahati"/></td> <td><input type="text" value="ANZPS2226A"/></td> </tr> <tr> <td>Date</td> <td>Name of Authorised Signatory</td> </tr> <tr> <td><input type="text" value="22-01-2018"/></td> <td><input type="text" value="Manager"/></td> </tr> <tr> <td></td> <td>Designation/Status</td> </tr> </table> | | Place | Signature | <input type="text" value="Guwahati"/> | <input type="text" value="ANZPS2226A"/> | Date | Name of Authorised Signatory | <input type="text" value="22-01-2018"/> | <input type="text" value="Manager"/> | | Designation/Status |
| Place | Signature | | | | | | | | | | |
| <input type="text" value="Guwahati"/> | <input type="text" value="ANZPS2226A"/> | | | | | | | | | | |
| Date | Name of Authorised Signatory | | | | | | | | | | |
| <input type="text" value="22-01-2018"/> | <input type="text" value="Manager"/> | | | | | | | | | | |
| | Designation/Status | | | | | | | | | | |

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23. Details of Authorized Representative

Enrolment ID, if available

Provide following details, if enrolment ID is not available

PAN: Aadhaar, if PAN is not available


Name of Person: SAVARINAY Designation/Status: Mobile Number: Email Address:





Telephone No. with STD: FAX No. with STD:

24. State Specific Information

Professional Tax Enrolment Code (EC) No.: Professional Tax Registration Certificate (RC) No.: State Excise License No.:

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Existing Registrations
Principal Place of Business
Bank Accounts
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Additional Place of Business
Partners Details
Signatory
Others

Registration Details

Part - A

| | | | |
|--|------------------------|--------------------------------------|----------------------------------|
| (i) Legal Name of the Business SAVARINAYAGI | (ii) PAN ANZPS2226A | (iii) Email Address kish12@hi2.in | (iv) Mobile Number 9886385127 |
|--|------------------------|--------------------------------------|----------------------------------|

Part - B

| | | | |
|---------------------------------------|---|--|-------------------------------|
| 1. Trade Name, if any SAVARINAYAGI | 2. Constitution of Business Proprietorship | Others(Please Specify) Not Applicable | 3. Name of the State Assam |
|---------------------------------------|---|--|-------------------------------|

District
Kamrup

4. Jurisdiction

| | | | |
|----------------|----------------------|--|--|
| State Assam | Centre Z:GUWAHATI | Sector,Circle,Ward,Unit,etc. GUWAHATI - A - 1 | Others(Please Specify) Not Applicable |
|----------------|----------------------|--|--|

5. Option for Composition Yes No

7. Date of commencement of business

8. Date on which liability to register arises

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Central Board of Excise and Customs
 Ministry of Finance - Department of Revenue

Name : ACES Test392 Designation : Superintendent SSO ID : 27000995 EXECUTIVE SET-UP ZONE: GUWAHATI English Hindi

Registration
 Task List Transactions Worklist Registration

State/UT - **Assam** District - **Kamrup**

Form GST REG-01 [See Rule 8]
 Application for Registration [More...](#)

| | | | |
|-----------------|------------|----------------------------------|----------------------|
| ARN | ARN Date | Registration Type | Registration Status |
| AA1801180000212 | 22-01-2018 | Application for New Registration | Pending for Approval |

Registration Details
Existing Registrations
Principal Place of Business
Bank Accounts
Goods & Services
Additional Place of Business
Partners Details
Signatory
Others

Registration Details

Part - A

| | | | |
|--------------------------------|------------|---------------------|--------------------|
| (i) Legal Name of the Business | (ii) PAN | (iii) Email Address | (iv) Mobile Number |
| SAVARINAYAGI | ANZPS2226A | kish12@hi2.in | 9886385127 |

Part - B

| | | | |
|---|-----------------------------|---|------------------------------|
| 1. Trade Name, if any | 2. Constitution of Business | Others(Please Specify) | 3. Name of the State |
| SAVARINAYAGI | Proprietorship | Not Applicable | Assam |
| District | | | |
| Kamrup | | | |
| 4. Jurisdiction | | | |
| State | | Centre | Sector,Circle,Ward,Unit,etc. |
| Assam | | Z:GUWAHATI | GUWAHATI - A - 1 |
| 5. Option for Composition <input type="radio"/> Yes <input checked="" type="radio"/> No | | | |
| 7. Date of commencement of business | | 8. Date on which liability to register arises | |

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Central Board of Excise and Customs
Ministry of Finance - Department of Revenue

Name : ACES Test392 Designation : Superintendent

51667

English Hindi

Task List Transactions Worklist Registration

State/UT - Assam District - Kamrup

ARN
AA1801180000212

Approve Close

Registration Details Existing Registrations Principal Place of Business Bank Accounts Goods & Services Additional Place of Business Partners Details Signatory Others

Registration Details

Part - A

| | | | |
|--------------------------------|------------|---------------------|--------------------|
| (i) Legal Name of the Business | (ii) PAN | (iii) Email Address | (iv) Mobile Number |
| SAVARINAYAGI | ANZPS2226A | kish12@hi2.in | 9886385127 |

Part - B

| | | | |
|-----------------------|-----------------------------|------------------------|----------------------|
| 1. Trade Name, if any | 2. Constitution of Business | Others(Please Specify) | 3. Name of the State |
| SAVARINAYAGI | Proprietorship | Not Applicable | Assam |

District
Kamrup

| | | | | |
|-----------------|-------|------------|------------------------------|------------------------|
| 4. Jurisdiction | State | Centre | Sector,Circle,Ward,Unit,etc. | Others(Please Specify) |
| | Assam | Z:GUWAHATI | GUWAHATI - A - 1 | Not Applicable |

5. Option for Composition Yes No

7. Date of commencement of business

8. Date on which liability to register arises

Approve Query Reassign

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Central Board of Excise and Customs
Ministry of Finance - Department of Revenue

Name : ACES Test392 Designation : Superintendent

51667

English Hindi

Registration

Task List Transactions Worklist Registration

State/UT - Assam District - Kamrup

ARN
AA1801180000212

Approve Close

Registration Details Existing Registrations Principal Place of Business Bank Accounts Goods & Services Additional Place of Business Partners Details Signatory Others

Registration Details

Part - A

| | | | |
|--------------------------------|------------|---------------------|--------------------|
| (i) Legal Name of the Business | (ii) PAN | (iii) Email Address | (iv) Mobile Number |
| SAVARINAYAGI | ANZPS2226A | kish12@hi2.in | 9886385127 |

Part - B

| | | | |
|---|---|------------------------------|------------------------|
| 1. Trade Name, if any | 2. Constitution of Business | Others(Please Specify) | 3. Name of the State |
| SAVARINAYAGI | Proprietorship | Not Applicable | Assam |
| District | | | |
| Kamrup | | | |
| 4. Jurisdiction | | | |
| | | | |
| State | Centre | Sector,Circle,Ward,Unit,etc. | Others(Please Specify) |
| Assam | Z:GUWAHATI | GUWAHATI - A - 1 | Not Applicable |
| 5. Option for Composition <input type="radio"/> Yes <input checked="" type="radio"/> No | | | |
| 7. Date of commencement of business | 8. Date on which liability to register arises | | |

Approve Query Reassign CLOSE

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Central Board of Excise and Customs
Ministry of Finance - Department of Revenue

Name : ACES Test392 Designation : Superintendent

51667

English Hindi

Task List Transactions Worklist Registration

State/UT - Assam District - Kamrup

ARN
AA1801180000212

Approve Close

Approval Confirmation

Are you sure you want to Approve?

YES NO

Registration Details Existing Registrations Principal Place of Business Bank Accounts Goods & Services Additional Place of Business Partners Details Signatory Others

Registration Details

Part - A

| | | | |
|--------------------------------|------------|---------------------|--------------------|
| (i) Legal Name of the Business | (ii) PAN | (iii) Email Address | (iv) Mobile Number |
| SAVARINAYAGI | ANZPS2226A | kish12@hi2.in | 9886385127 |

Part - B

| | | | |
|-----------------------|-----------------------------|------------------------|----------------------|
| 1. Trade Name, if any | 2. Constitution of Business | Others(Please Specify) | 3. Name of the State |
| SAVARINAYAGI | Proprietorship | Not Applicable | Assam |

District
Kamrup

4. Jurisdiction

| | | | |
|-------|------------|------------------------------|------------------------|
| State | Centre | Sector,Circle,Ward,Unit,etc. | Others(Please Specify) |
| Assam | Z:GUWAHATI | GUWAHATI - A - 1 | Not Applicable |

5. Option for Composition Yes No

7. Date of commencement of business

8. Date on which liability to register arises

Approve Query Reassign

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Central Board of Excise and Customs
Ministry of Finance - Department of Revenue

Name : ACES Test392 Designation : Superintendent SSO ID : 27000995 EXECUTIVE SET-UP ZONE: GUWAHATI English Hindi

Registration

Task List Transactions Worklist Registration

Form GST REG-01 [See Rule 8] State/UT - Assam District - Kamrup

Application for Registration [More...](#)

ARN: AA1801180000212 ARN Date: 22-01-2018 Registration Type: Application for New Registration Registration Status: Pending for Approval

Registration Details Existing Registrations Principal Place of Business Bank Accounts Goods & Services Additional Place of Business Partners Details Signatory Others

Registration Details

Part - A

| | | | |
|--------------------------------|------------|---------------------|--------------------|
| (i) Legal Name of the Business | (ii) PAN | (iii) Email Address | (iv) Mobile Number |
| SAVARINAYAGI | ANZPS2226A | kish12@hi2.in | 9886385127 |

Part - B

| | | | |
|-----------------------|-----------------------------|------------------------|----------------------|
| 1. Trade Name, if any | 2. Constitution of Business | Others(Please Specify) | 3. Name of the State |
| SAVARINAYAGI | Proprietorship | Not Applicable | Assam |

District: Kamrup

| | | | | |
|-----------------|-------|------------|------------------------------|------------------------|
| 4. Jurisdiction | State | Centre | Sector,Circle,Ward,Unit,etc. | Others(Please Specify) |
| | Assam | Z:GUWAHATI | GUWAHATI - A - 1 | Not Applicable |

5. Option for Composition Yes No

7. Date of commencement of business

8. Date on which liability to register arises

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Approve Query Reassign

CRUISE

Central Board of Excise and Customs
Ministry of Finance - Department of Revenue

Name : ACES Test392 Designation : Superintendent

Registration

Task List Transactions Worklist Registration

51667

English Hindi

State/UT - Assam District - Kamrup

ARN
AA1801180000212

Registration Details Existing Registrations Principals

Registration Details

(i) Legal Name of the Business
SAVARINAYAGI ANZPS2226A kish12@hi2.in

(iv) Mobile Number
9886385127

Part - B

1. Trade Name, if any
SAVARINAYAGI

2. Constitution of Business
Proprietorship

Others(Please Specify)
Not Applicable

3. Name of the State
Assam

District
Kamrup

4. Jurisdiction

State
Assam

Centre
Z:GUWAHATI

Sector,Circle,Ward,Unit,etc.
GUWAHATI - A - 1

Others(Please Specify)
Not Applicable

5. Option for Composition Yes No

7. Date of commencement of business

8. Date on which liability to register arises

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Approve
Query
Reassign
CLOSE

List of Queries

Tab Name * Section Name * Query Description *

Select Select Select ADD

| S. No. | Field Name | Query On | Query Description | Remarks * | Action |
|--------|------------|----------|-------------------|-----------|--------|
| | | | | | |

Raise Query

Query Raised by Inspector

Close

Central Board of Excise and Customs
Ministry of Finance - Department of Revenue

Name : ACES Test392 Designation : Superintendent

Registration

Task List Transactions Worklist Registration

ARN
AA1801180000212

Registration Details Existing Registrations Principals

Registration Details

(i) Legal Name of the Business
SAVARINAYAGI ANZPS2226A kish12@hi2.in

(iv) Mobile Number
9886385127

Part - B

1. Trade Name, if any
SAVARINAYAGI

2. Constitution of Business
Proprietorship

Others(Please Specify)
Not Applicable

3. Name of the State
Assam

District
Kamrup

4. Jurisdiction

State
Assam

Centre
Z:GUWAHATI

Sector,Circle,Ward,Unit,etc.
GUWAHATI - A - 1

Others(Please Specify)
Not Applicable

5. Option for Composition Yes No

7. Date of commencement of business

8. Date on which liability to register arises

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English Hindi

State/UT - Assam District - Kamrup

Status

Approval

Details Signatory Others

Approve Query Reassign

CLOSE

List of Queries

Tab Name * Section Name * Query Description *

Select Select Select ADD

- Select
- Authorized Representative
- Business Details
- Goods and Services
- State Specific Information
- Authorized Signatory
- Promoters/Partners
- Additional Place of Business
- Bank Accounts
- Principal Place of Business

| Query On | Query Description | Remarks * | Action |
|----------|-------------------|-----------|--------|
|----------|-------------------|-----------|--------|

Query Raised by Inspector

Close

Central Board of Excise and Customs
Ministry of Finance - Department of Revenue

Name : ACES Test392 Designation : Superintendent

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English Hindi

Registration

Task List Transactions Worklist Registration

State/UT - Assam District - Kamrup

ARN
AA1801180000212

Registration Details Existing Registrations Princip

Registration Details

(i) Legal Name of the Business
SAVARINAYAGI ANZPS2226A kish12@hi2.in (iv) Mobile Number
9886385127

Part - B

1. Trade Name, if any
SAVARINAYAGI

2. Constitution of Business
Proprietorship Others(Please Specify)
Not Applicable

3. Name of the State
Assam

District
Kamrup

4. Jurisdiction

State
Assam

Centre
Z:GUWAHATI Sector,Circle,Ward,Unit,etc.
GUWAHATI - A - 1 Others(Please Specify)
Not Applicable

5. Option for Composition Yes No

7. Date of commencement of business

8. Date on which liability to register arises

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List of Queries

Tab Name * Section Name * Query Description *

Bank Accounts Select Select ADD

| S. No. | Field Name | Query On | Query Description | Remarks * | Action |
|--------|------------|----------|-------------------|-----------|--------|
|--------|------------|----------|-------------------|-----------|--------|

Raise Query

Query Raised by Inspector

Close

Approve
Query
Reassign

Central Board of Excise and Customs
Ministry of Finance - Department of Revenue

Name : ACES Test392 Designation : Superintendent

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English Hindi

Registration

Task List Transactions Worklist Registration

State/UT - Assam District - Kamrup

ARN
AA1801180000212

Registration Details Existing Registrations Princip

Registration Details

(i) Legal Name of the Business
SAVARINAYAGI ANZPS2226A kish12@hi2.in

(iv) Mobile Number
9886385127

Part - B

1. Trade Name, if any
SAVARINAYAGI

2. Constitution of Business
Proprietorship

Others(Please Specify)
Not Applicable

3. Name of the State
Assam

District
Kamrup

4. Jurisdiction

State
Assam

Centre
Z:GUWAHATI

Sector,Circle,Ward,Unit,etc.
GUWAHATI - A - 1

Others(Please Specify)
Not Applicable

5. Option for Composition Yes No

7. Date of commencement of business

8. Date on which liability to register arises

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List of Queries

Tab Name * Section Name * Query Description *

Bank Accounts Select Select ADD

Select

Document Upload

| S. No. | Field Name | Description | Remarks * | Action |
|--------|--------------------------|-------------|-----------|--------|
| | Bank Account Information | | | |

Raise Query

Query Raised by Inspector

Close

Approve
Query
Reassign

Central Board of Excise and Customs
Ministry of Finance - Department of Revenue

Name : ACES Test392 Designation : Superintendent

51667

English Hindi

State/UT - Assam District - Kamrup

List of Queries

Tab Name * Section Name * Query Description *

Bank Accounts Document Upload Select ADD

| S. No. | Field Name | Query On | Query Description | Remarks * | Action |
|--------|------------|----------|-------------------|-----------|--------|
|--------|------------|----------|-------------------|-----------|--------|

Raise Query

Query Raised by Inspector

Close

Registration

Task List Transactions Worklist Registration

ARN
AA1801180000212

Registration Details Existing Registrations Princip

Registration Details

(i) Legal Name of the Business
SAVARINAYAGI ANZPS2226A kish12@hi2.in

(iv) Mobile Number
9886385127

Part - B

1. Trade Name, if any
SAVARINAYAGI

2. Constitution of Business
Proprietorship Others(Please Specify)
Not Applicable

3. Name of the State
Assam

District
Kamrup

4. Jurisdiction

State
Assam

Centre
Z:GUWAHATI

Sector,Circle,Ward,Unit,etc.
GUWAHATI - A - 1

Others(Please Specify)
Not Applicable

5. Option for Composition Yes No

7. Date of commencement of business

8. Date on which liability to register arises

Approve Query Reassign

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Central Board of Excise and Customs
Ministry of Finance - Department of Revenue

Name : ACES Test392 Designation : Superintendent

Registration

Task List Transactions Worklist Registration

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English Hindi

State/UT - Assam District - Kamrup

ARN
AA1801180000212

Registration Details Existing Registrations Princip

Registration Details

(i) Legal Name of the Business
SAVARINAYAGI ANZPS2226A kish12@hi2.in

(iv) Mobile Number
9886385127

Part - B

1. Trade Name, if any
SAVARINAYAGI

2. Constitution of Business
Proprietorship

Others(Please Specify)
Not Applicable

3. Name of the State
Assam

District
Kamrup

4. Jurisdiction

State
Assam

Centre
Z:GUWAHATI

Sector,Circle,Ward,Unit,etc.
GUWAHATI - A - 1

Others(Please Specify)
Not Applicable

5. Option for Composition Yes No

7. Date of commencement of business

8. Date on which liability to register arises

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List of Queries

Tab Name * Section Name * Query Description *

Bank Accounts Document Upload Select ADD

| S. No. | Field Name | Query On | Query Description | Action |
|--------|------------|----------|----------------------|--------|
| | | | Document not legible | |
| | | | Document not correct | |
| | | | Please Specify | |

Raise Query

Query Raised by Inspector

Close

Approve
Query
Reassign

Central Board of Excise and Customs
Ministry of Finance - Department of Revenue

Name : ACES Test392 Designation : Superintendent

51667

English Hindi

State/UT - Assam District - Kamrup

Registration

Task List Transactions Worklist Registration

ARN
AA1801180000212

Registration Details Existing Registrations Principals

Registration Details

(i) Legal Name of the Business
SAVARINAYAGI ANZPS2226A kish12@hi2.in (iv) Mobile Number
9886385127

Part - B

1. Trade Name, if any
SAVARINAYAGI

2. Constitution of Business
Proprietorship Others(Please Specify)
Not Applicable

3. Name of the State
Assam

District
Kamrup

4. Jurisdiction

State
Assam

Centre
Z:GUWAHATI

Sector,Circle,Ward,Unit,etc.
GUWAHATI - A - 1

Others(Please Specify)
Not Applicable

5. Option for Composition Yes No

7. Date of commencement of business

8. Date on which liability to register arises

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List of Queries

Tab Name * Section Name * Query Description *

Bank Accounts Document Upload Document not legible ADD

| S. No. | Field Name | Query On | Query Description | Remarks * | Action |
|--|------------|----------|-------------------|-----------|--------|
| <p>Raise Query</p> <p>Query Raised by Inspector</p> <p>Close</p> | | | | | |

Approve

Query

Reassign

COMMENTS

Central Board of Excise and Customs
Ministry of Finance - Department of Revenue

Name : ACES Test392 Designation : Superintendent

Registration

Task List Transactions Worklist Registration

51667

English Hindi

State/UT - Assam District - Kamrup

ARN
AA1801180000212

Registration Details Existing Registrations Principals

Registration Details

(i) Legal Name of the Business
SAVARINAYAGI

1. Trade Name, if any
SAVARINAYAGI

District
Kamrup

4. Jurisdiction

State Assam Centre Z:GUWAHATI Sector,Circle,Ward,Unit,etc. GUWAHATI - A - 1 Others(Please Specify) Not Applicable

5. Option for Composition Yes No

8. Date of commencement of business

8. Date on which liability to register arises

Status
Approval
Mails Signatory Others

Approval

9886385127

3. Name of the State
Assam

Approve
Query
Reassign

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List of Queries

Tab Name * Section Name * Query Description *

Select Select Select ADD

| S. No. | Field Name | Query On | Query Description | Remarks * | Action |
|--------|-----------------|----------|----------------------|----------------------|--------|
| 1 | Document Upload | Document | Document not legible | Please enter remarks | |

Raise Query

Query Raised by Inspector

Close

Central Board of Excise and Customs
Ministry of Finance - Department of Revenue

Name : ACES Test392 Designation : Superintendent

Registration

Task List Transactions Worklist Registration

51667

English Hindi

State/UT - Assam District - Kamrup

ARN
AA1801180000212

Registration Details Existing Registrations Princip

Registration Details

(i) Legal Name of the Business
SAVARINAYAGI

1. Trade Name, if any
SAVARINAYAGI

District
Kamrup

4. Jurisdiction

State Assam Centre Z:GUWAHATI Sector,Circle,Ward,Unit,etc. GUWAHATI - A - 1 Others(Please Specify) Not Applicable

5. Option for Composition Yes No

8. Date of commencement of business

8. Date on which liability to register arises

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List of Queries

Tab Name * Section Name * Query Description * ADD

Select Select Select

| S. No. | Field Name | Query On | Query Description | Remarks * | Action |
|--------|-----------------|----------|----------------------|--------------------|--------|
| 1 | Document Upload | Document | Document not legible | Incorrect document | |

Raise Query

Query Raised by Inspector

Close

Approve
Query
Reassign

Central Board of Excise and Customs
Ministry of Finance - Department of Revenue

Name : ACES Test392 Designation : Superintendent

Registration

Task List Transactions Worklist Registration

State/UT - Assam District - Kamrup

51667

English Hindi

List of Queries

Tab Name * Section Name * Query Description *

| S. No. | Field Name | Query On | Query Description | Remarks * | Action |
|--------|-----------------|----------|----------------------|--------------------|--------|
| 1 | Document Upload | Document | Document not legible | Incorrect document | |

Query Raised by Inspector

(i) Legal Name of the Business
SAVARINAYAGI

1. Trade Name, if any
SAVARINAYAGI

District
Kamrup

4. Jurisdiction

State Assam Centre Z:GUWAHATI Sector,Circle,Ward,Unit,etc. GUWAHATI - A - 1 Others(Please Specify) Not Applicable

5. Option for Composition Yes No

7. Date of commencement of business

8. Date on which liability to register arises

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Central Board of Excise and Customs
Ministry of Finance - Department of Revenue

Name : ACES Test392 Designation : Superintendent

51667

English Hindi

Registration

Task List Transactions Worklist Registration

State/UT - Assam District - Kamrup

ARN
AA1801180000212

Registration Details Existing Registrations Princip

Registration Details

(i) Legal Name of the Business
SAVARINAYAGI

1. Trade Name, if any
SAVARINAYAGI

District
Kamrup

4. Jurisdiction

State Assam Centre Z:GUWAHATI Sector,Circle,Ward,Unit,etc. GUWAHATI - A - 1 Others(Please Specify) Not Applicable

5. Option for Composition Yes No

8. Date on which liability to register arises

Table:

| | | | | | |
|---|-----------------|----------|----------------------|--------------------|--|
| 1 | Document Upload | Document | Document not legible | Incorrect document | |
|---|-----------------|----------|----------------------|--------------------|--|

Are you sure you want to Raise Query?

YES NO

Raise Query

Query Raised by Inspector

Close

Approve Query Reassign

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Central Board of Excise and Customs
Ministry of Finance - Department of Revenue

Name : ACES Test392 Designation : Superintendent

51667

English Hindi

Registration

Task List Transactions Worklist Registration

State/UT - Assam District - Kamrup

ARN
AA1801180000212

Registration Details Existing Registrations Princip

Registration Details

(i) Legal Name of the Business
SAVARINAYAGI

1. Trade Name, if any
SAVARINAYAGI

District
Kamrup

4. Jurisdiction

State
Assam

Centre
Z:GUWAHATI

Sector,Circle,Ward,Unit,etc.
GUWAHATI - A - 1

Others(Please Specify)
Not Applicable

5. Option for Composition Yes No

8. Date on which liability to register arises

Approval

Signature Others

Query Raised by Inspector

Close

1 Document Upload Document Document not legible Incorrect document

Raise Query


Raise Query Confirmation

Are you sure you want to Raise Query?

YES NO

Approve Query Reassign

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Central Board of Excise and Customs
 Ministry of Finance - Department of Revenue

 51667
 Home User Profile Refresh

Name : ACES Test392 Designation : Superintendent SSO ID : 27000995 EXECUTIVE SET-UP ZONE: GUWAHATI
English
Hindi

MENU
 Registration
 Task List Transactions Worklist Registration

Form GST REG-01 [See Rule 8]
State/UT - Assam
District - Kamrup

Application for Registration [More...](#)

| | | | |
|-----------------|------------|----------------------------------|----------------------|
| ARN | ARN Date | Registration Type | Registration Status |
| AA1801180000212 | 22-01-2018 | Application for New Registration | Pending for Approval |

Registration Details | Existing Registrations | Principal Place of Business | Bank Accounts | Goods & Services | Additional Place of Business | Partners Details | Signatory | Others

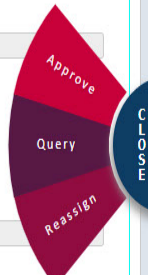
Registration Details

Part - A

| | | | |
|--------------------------------|------------|---------------------|--------------------|
| (i) Legal Name of the Business | (ii) PAN | (iii) Email Address | (iv) Mobile Number |
| SAVARINAYAGI | ANZPS2226A | kish12@hi2.in | 9886385127 |

Part - B

| | | | |
|---|-----------------------------|---|------------------------|
| 1. Trade Name, if any | 2. Constitution of Business | Others(Please Specify) | 3. Name of the State |
| SAVARINAYAGI | Proprietorship | Not Applicable | Assam |
| District Kamrup | | | |
| 4. Jurisdiction | | | |
| State | Centre | Sector,Circle,Ward,Unit,etc. | Others(Please Specify) |
| Assam | Z:GUWAHATI | GUWAHATI - A - 1 | Not Applicable |
| 5. Option for Composition <input type="radio"/> Yes <input checked="" type="radio"/> No | | | |
| 7. Date of commencement of business | | 8. Date on which liability to register arises | |



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