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**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)]

**IDENTIFICATION OF BUSINESS REQUIRING REGISTRATION**

Name of Applicant :	GOYAL UROLOGY & MATERNITY CENTRE PRIVATE LIMITED		
Address of the Applicant :	E-5/9, LAJPAT RAI CHOWK, KRISHNA NAGAR DELHI-110051		
Details of Permanent Account Number(PAN) of the applicant			
PAN Status :	Allotted	PAN :	AAACG9389D
Name of the Applicant(as appearing in PAN) :	GOYAL UROLOGY & MATERNITY CENTRE PRIVATE LIMITED		
Constitution Of applicant :	Registered Private Limited Company		
Name of Trustee/Proprietor/HUF :			
Category of Registrant :	Service Provider		
Nature of registration :	Centralized Registration for more than one premises		
Taxable services provided :	BUSINESS AUXILIARY SERVICES, HEALTH SERVICES		

**ADDRESS OF PREMISES FOR WHICH REGISTRATION IS SOUGHT**

Name Of Premises/Building :	0	Flat / Door / Block No :	E-5/9
Road / Street / Lane :	LAJPAT RAI CHOWK	Village / Area / Lane :	KRISHNA NAGAR
Block / Taluk / Sub-Division / Town :	KRISHNA NAGAR	Post Office :	KRISHNA NAGAR
City / District :	EAST DELHI	State / Union Territory :	DELHI
PIN :	110051	Phone Number-1 :	22389025
Phone Number-2 :		Fax Number-1 :	22389025
Fax Number 2 :		Email Address :	anil.goyal56@yahoo.com
Commissionerate :	SERVICE TAX - DELHI	Division :	SERVICE TAX DIVISION-II - NEW DELHI
Range :	RANGE-XVII		

In case of application for Centralized Registration, furnish address of all the premises from where taxable services are provided or intended to be provided

Name Of Premises/ Building :	0	Flat / Door / Block No :	E-5/9
Road / Street / Lane :	LAJPAT RAI CHOWK	Village / Area / Lane :	KRISHNA NAGAR
Block / Taluk / Sub-Division / Town :	KRISHNA NAGAR	Post Office :	KRISHNA NAGAR
City / District :	EAST DELHI	State / Union Territory :	DELHI
PIN :	110051	Phone Number-1 :	22389025
Phone Number-2 :		Fax Number-1 :	
Fax Number-2 :	22389025	Email Address :	anil.goyal56@yahoo.com

Address of the premises or office paying service tax under centralised billing or centralised accounting under sub-rule (2) and (3A) of rule 4 of the Service Tax Rules, 1994

Name Of Premises/ Building :	0	Flat / Door / Block No :	E-5/9
Road / Street / Lane :	LAJPAT RAI CHOWK	Village / Area / Lane :	KRISHNA NAGAR
Block / Taluk / Sub-Division / Town :	KRISHNA NAGAR	Post Office :	KRISHNA NAGAR
City / District :	EAST DELHI	State / Union Territory :	DELHI

OFFICE OF THE ASSISTANT COMMISSIONER OF SERVICE TAX  
 DIV. II, BLOCK No. 11, LIC Building, Connaught Place, New Delhi-110028  
 ASK HOW TO DELIVER LETTER IN  
 DATE 17.12.10  
 VIDE ACT NO. 15/2008

(RECEIPT OFFICER)  
  
 12.8.10

Address of the premises or office paying service tax under centralised billing or centralised accounting under sub-rule (2) and (3A) of rule 4 of the Service Tax Rules, 1994

PIN :	110051	Phone Number-1 :	22389025
Phone Number-2 :		Fax Number-1 :	
Fax Number 2 :		Email Address :	anil.goyal56@yahoo.com

NAME, ADDRESS AND PHONE NUMBER OF PROPRIETOR / PARTNER / DIRECTOR / TRUSTEES ALONG WITH DETAILS OF AUTHORIZED SIGNATORIES

Name :	ANIL KUMAR GOYAL	Designation :	Director
Address :	E-5/9, KRISHNA NAGAR, DELHI-110051		
Phone Number :	22091341	Email Address :	anil.goyal56@yahoo.com
Name :	NIRUPAMA GOYAL	Designation :	Director
Address :	E-5/9, KRISHNA NAGAR, DELHI-110051		
Phone Number :	22091341	Email Address :	anil.goyal56@yahoo.com

*Anil Goyal*  
**Anil Goyal Urology & Gynaecology Centre Pvt. Ltd.**

Declaration

*A. L. Goyal*  
Authorized Signatory/Director

I, ANIL KUMAR GOYAL, 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 : 17/07/2010



# CENTRAL BOARD OF EXCISE AND CUSTOMS

Ministry of Finance - Department of Revenue

SDR  
REP

PRA

REF

REG

HELP

RET

Service Tax Registration

Logged in goyalurology

Your application having Registration Number **AAACG9389DSD001** is submitted with

**Commissionerate - SERVICE TAX - DELHI**  
Address - MG MARG I P ESTATE NEW DELHI - 2715 52.  
Telephone Number - 01123378407, -

**Division - SERVICE TAX DIVISION-II - NEW DELHI**  
Address - 7TH FLOOR, BLOCK-11 CGO COMPLEX, LODHI ROAD NEW DELHI. - 2715 52.  
Telephone Number - 01124366212, -  
**Range - RANGE-XVII** Address - 7TH FLOOR, BLOCK-11 C.G.O. COMPLEX, LODHI ROAD NEW DELHI - 2715 52.  
Telephone Number-01124366212, -

New assessee seeking registrations in Service Tax will submit to the jurisdictional Range Officer, a print out of the application for online duly signed by the authorized signatory along with attested copies of the following documents :

- (a) copy of PAN,
- (b) Proof of residence,
- (c) Constitution of applicant at the time of filing an application for registration,
- and
- (d) Power of attorney would be required in respect of authorized person(s).

Existing assessee seeking amendment in registration, will also submit the above listed documents, relevant to the amendment, a print out of the application to the jurisdictional Range Officer.

After satisfactory verification, Registration Certificate will be issued.

Please mention this number in all your future transactions with us, till you receive the Registration Certificate.

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# CENTRAL BOARD OF EXCISE AND CUSTOMS

Ministry of Finance - Department of Revenue



## FORM ST-2

Shri/Ms. GOYAL UROLOGY & MATERNITY CENTRE PRIVATE LIMITED, E-5/9, LAJPAT RAI CHOWK, KRISHNA NAGAR DELHI-110051 having undertaken to comply with the conditions prescribed in Chapter V of the Finance Act, 1994 read with the Service Tax Rules, 1994, and any orders issued thereunder is hereby certified to have been registered with the Central Excise Department. The Service Tax Code and other details are mentioned hereunder.

Name :	GOYAL UROLOGY & MATERNITY CENTRE PRIVATE LIMITED
Address :	E-5/9, LAJPAT RAI CHOWK, KRISHNA NAGAR DELHI-110051
PAN No :	AAACG9389D
Name as in PAN :	GOYAL UROLOGY & MATERNITY CENTRE PRIVATE LIMITED
Nature of registration :	Centralized Registration for more than one premises
Service Tax Code(Registration Number) :	AAACG9389DSD001
Taxable services :	BUSINESS AUXILIARY SERVICES, HEALTH SERVICES

### ADDRESS OF BUSINESS PREMISES

Name Of Premises/Building :	0	Flat / Door / Block No :	E-5/9
Road / Street / Lane :	LAJPAT RAI CHOWK	Village / Area / Lane :	KRISHNA NAGAR
Block / Taluk / Sub-Division / Town :	KRISHNA NAGAR	Post Office :	KRISHNA NAGAR
City / District :	EAST DELHI	State / Union Territory :	DELHI
PIN :	110051	Phone Number-1 :	22389025
Phone Number-2 :		Fax Number-1 :	22389025
Fax Number 2 :		Email Address :	anil.goyal56@yahoo.com
Premises Code :	SE0207A001		

Address of all the premises from where taxable services are provided or intended to be provided

Name Of Premises/ Building :	0	Flat / Door / Block No :	E-5/9
Road / Street / Lane :	LAJPAT RAI CHOWK	Village / Area / Lane :	KRISHNA NAGAR
Block / Taluk / Sub-Division / Town :	KRISHNA NAGAR	Post Office :	KRISHNA NAGAR
City / District :	EAST DELHI	State / Union Territory :	DELHI
PIN :	110051	Phone Number-1 :	22389025
Phone Number-2 :		Fax Number-1 :	
Fax Number-2 :	22389025	Email Address :	anil.goyal56@yahoo.com
Premises Code :	SE0207A002		
Taxable services :	BUSINESS AUXILIARY SERVICES, HEALTH SERVICES		

Address of premises to which credit of input service is distributed or intended to be distributed

Name Of Premises/ Building :	0	Flat / Door / Block No :	E-5/9
Road / Street / Lane :	LAJPAT RAI CHOWK	Village / Area / Lane :	KRISHNA NAGAR
Block / Taluk / Sub-Division / Town :	KRISHNA NAGAR	Post Office :	KRISHNA NAGAR
City / District :	EAST DELHI	State / Union Territory :	DELHI
PIN :	110051	Phone Number-1 :	22389025

Phone Number-2 :		Fax Number-1 :	
Fax Number-2 :	22389025	Email Address :	anil.goyal56@yahoo.com
Registration Number :			
Address of the premises or office paying service tax under centralised billing or centralised accounting under sub-rule (2) and (3A) of rule 4 of the Service Tax Rules, 1994			
Name Of Premises/ Building :	0	Flat / Door / Block No :	E-5/9
Road / Street / Lane :	LAJPAT RAI CHOWK	Village / Area / Lane :	KRISHNA NAGAR
Block / Taluk / Sub-Division / Town :	KRISHNA NAGAR	Post Office :	KRISHNA NAGAR
City / District :	EAST DELHI	State / Union Territory :	DELHI
PIN :	110051	Phone Number-1 :	22389025
Phone Number-2 :		Fax Number-1 :	
Fax Number 2 :		Email Address :	anil.goyal56@yahoo.com
Premises Code :	SE0207A003		
Taxable services :	BUSINESS AUXILIARY SERVICES, HEALTH SERVICES		
SI No	Types of Services	Accounting Codes	
		Tax Collection	Other Receipts (Interest / Penalty)
1	BUSINESS AUXILIARY SERVICES	00440225	00440226
2	HEALTH SERVICES	00440598	00440599
3	EDUCATION CESS	00440298	00440299
4	SECONDARY AND HIGHER EDUCATION CESS	00440426	00440427
<p><b>Note :</b></p> <p>1. In case the registrant starts providing any other taxable service (other than those mentioned above), he shall intimate the department.</p> <p>2. In case the registrant starts billing from other premises (other than those mentioned above), he shall intimate the department.</p> <p>3. These intimations and any other information which registrant wishes to bring to the notice of the department can be submitted on-line by the registrant after logging on to web-site.</p> <p>4. This registration certificate is not transferable.</p> <p>5. List of Accounting Codes is Enclosed. These may invariably be furnished in the challan at the time of making payment of service tax.</p>			
Date of Issue of Original ST-2 : 30/08/2010		Name and Signature of Central Excise Officer With Official Seal	
<p>CC ( by e-mail ) To -</p> <p>(1) The Pay And Accounts Officer (SERVICE TAX - DELHI)</p> <p>(2) The Superintendent of Central Excise (RANGE-XVII)</p>			