

# TIME-BOUND APPROVAL & CLEARANCE

Enabling entrepreneurs to establish and operate their business in the State in a hassle free manner

7176

Registrations

211682

Proposed Employment

102896

Proposed Investment (Cr.)

10664

eApplications

7415

eCertificates



## G2G APPS

304

## G2C/ G2B APPS

196

## IDENTITIES

2,97,14,189

Login

Registration

Digital Identity (SSOID/ Username)

Password

8 9 7 8 5 6 Enter Captcha 

Login

OR



- [I Forgot my Digital Identity \(SSOID\). Click Here](#)
- [I Forgot my Password. Click Here](#)
- [I have multiple SSOIDs Click here to merge](#)



This website uses 'Cookies' to give you the best and most personalized experience and to improve the site performance. 'Cookies' are simple text files which safely resides on your computer. आपको सर्वोत्तम एवं संबंधित अनुभव देने एवं साइट के बेहतर सम्पादन के लिए यह वेबसाइट 'कुकीज़' का उपयोग करती है। 'कुकीज़' एक टेक्स्ट फाइल है जो कि आपके कंप्यूटर पर ही सुरक्षित रहती है।

Accept

 There is no official mobile

DASHBOARD

I want to submit a new application



**1**  
Applied  
Applications

**0**  
Approved  
Applications

**1**  
Rejected  
Applications

**0**  
Pending (Dept.)  
Applications

**0**  
Pending (With Me)  
Applications









Application Details

Show Rows 10

S.No.	Department	Service	App ID/ Submission Date	Establishment Name	District	Sector	Present Status/ Change Date	View
1	ENERGY	DIESEL GENERATOR/ SOLAR POWER/ WIND POWER & OTHER RENEWABLE ENERGY SOURCES ENERGISATION UNDER REGULATION 32 OF CEA 2010		RAJEEVS TEAM BSDC	JAIPUR	OTHERS		

Showing - 1 to 1 of 1 rows

DEPARTMENT/ SERVICES (CLICK DEPT. TO VIEW ITS ONLINE SERVICES)

 <b>Department of Consumer Affairs [Legal Metrology]</b>	 <b>Energy</b>	 <b>Factories and Boilers Inspectorate</b>	 <b>Home</b>
 <b>Industries</b>	 <b>Labour</b>	 <b>Local Self Government (LSG)</b>	 <b>Medical &amp; Health</b>

Service	Action
APPLICATION FOR EC UNDER RIPS-2022	<a href="#">Apply</a>
APPLICATION FOR REIMBURSEMENT OF 25% STAMP DUTY UNDER RIPS-2019 (FORM-S)	<a href="#">Apply</a>
CHANGE OF ADDRESS (FORM C)	<a href="#">Apply</a>
CHANGE OF PARTNER NAME (FORM D)	<a href="#">Apply</a>
DETERMINATION COST EFFLUENT TREATMENT PLANT AND CAPITAL SUBSIDY UNDER RIPS-2019 (FORM-I)	<a href="#">Apply</a>
EXEMPTION UNDER RIPS-2019 (FORM-A)	<a href="#">Apply</a>
<b>FIRM ALTERATION (FORM B)</b>	<a href="#">Apply</a>
GRANT OF ENTITLEMENT CERTIFICATE FOR SUBSIDY UNDER RIPS-2019 (FORM-D)	<a href="#">Apply</a>
GRANT OF INTEREST SUBSIDY/ CAPITAL SUBSIDY UNDER RIPS-2019 (FORM-G)	<a href="#">Apply</a>
INCENTIVES TO MSME UNDER RIPS-2019 (FORM-P)	<a href="#">Apply</a>
MINOR BENEFITS OF PARTNERSHIP IN A FIRM SECTION,63 (2) (FORM F)	<a href="#">Apply</a>
NEW PARTNERSHIP FIRM REGISTRATION (FORM A)	<a href="#">Apply</a>
NOTICE OF CHANGE OF CONSTITUTION SECTION,63 (FORM E)	<a href="#">Apply</a>
TRANSFER OF REMAINING BENEFITS OF THE TRANSFEROR ENTERPRISES UNDER RIPS-2019 (FORM-R)	<a href="#">Apply</a>

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- Dashboard
- Grievance
- Feedback
- Meeting Request

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TRANSFER OF REMAINING BENEFITS OF THE TRANSFEROR ENTERPRISES UNDER RIPS-2019 (FORM-R)	<a href="#">Apply</a>

### Application Details

Applicant/ Registration No.  
[REDACTED]

[Submit](#) [Cancel](#)



Firm Alteration (FORM-B)

Alteration in the firm's name or in the location of the principal place of business of the firm  
(Section 60 of Indian Partnership Act,1932)

Partnership Firm Registration Number/ साझेदारी फर्म पंजीकरण संख्या

Registration No/ Offline Reference No / पंजीकरण संख्या/ ऑफ़लाइन संदर्भ संख्या

Validate

(A) Applicant Details/ आवेदक का विवरण

Applicant Type/ आवेदक का प्रकार

Authorized person  Partner

First Name/ पहला नाम \*

Last Name/ आखिरी नाम

Date of Birth (DOB)/ जन्म तारीख \*

Gender/ लिंग

Male  Female  Other

Address/ आवेदक का पता \*

Mobile Number/ मोबाइल नंबर \*

Email ID/ ई-मेल \*

(B) Firm Alteration Details/ फर्म परिवर्तन विवरण

We the undersigned, being the partners of the Firm (Firm's Name-mentioned below) whose registered address is at (Firm's registered address- mentioned below) hereby notify pursuant to section 60(1) of the Indian Partnership Act, 1932, that the changes specified below have occurred in this firm.

Firm's Name/ फर्म नाम

Registered Address of the firm (Principal Place of Business)

Please choose Firm Alteration

Change in the Firm Name  Change in the location of the principal place of business

No. of Partners/ पार्टनर की संख्या \*

2



Firm Alteration (FORM-B)

Partner's Detail/ पार्टनर विवरण

S.No.	Partner/ Company Name	Age	Mobile No.	Signature of partner
1.	[REDACTED]	37	[REDACTED] <input type="button" value="Validate"/>	<input type="button" value="Browse..."/> No file selected.
2.	[REDACTED]	35	[REDACTED] <input type="button" value="Validate"/>	<input type="button" value="Browse..."/> No file selected.

(D) List of Documents Required (Documents to be uploaded)

Note: Valid File Types: JPG/JPEG/PNG/PDF, Max. File Size: 1 MB per attachment

1.	Authorization Certificate (If the Person is not a Partner in the firm and specially authorized by the partners for executing the registration process)*	<input type="button" value="Browse..."/> No file selected.
----	---	--

(E) Witness & Payment/ भुगतान और गवाह

Witness Details\*

Name/ गवाह का नाम \*

[REDACTED]

Address/ गवाह का पता \*

[REDACTED]

Applicant Signature/ आवेदक का हस्ताक्षर \*

[REDACTED]

Designation/ गवाह का पद\*

[REDACTED]

Membership/Registration no (Mandatory in case of notary or an advocate of the High Court)\*

[REDACTED]

Witness Signature with Seal / गवाह का हस्ताक्षर सील के साथ\*

[REDACTED]

Alteration fees (₹) :- 100.00

Declaration

I/we do hereby declare that the above statement is true and correct to the best of my/our knowledge and belief.

Note:- This form must be signed by all Partners or their agents specially authorised in this behalf in the presence of a witness /witnesses who must be Gazatted officer, Magistrate,notary public or an Advocate of the High Court.