

FORM – E (Admission)

INDUSTRIES DEPARTMENT

GOVERNMENT OF RAJASTHAN

Change of Constitution in firm (Section 63 of Indian Partnership Act,1932)

Partnership Firm Registration Number

Registration No

enter firm registration number of FORM-A

Validate

(A) Applicant Details/ आवेदक विवरण

Applicant Type/ आवेदक का प्रकार

Authorized person Partner

Authorized Person/ Partner Aadhaar Number/ अधिकृत व्यक्ति/ पार्टनर आधार संख्या*

ENTER AADHAAR NUMBER

Validate

First Name/ पहला नाम *

enter first name

Last Name/ अंतिम नाम

enter last name

Date of Birth (DOB)/ जन्म तारीख*

DD/MM/YYYY



Gender/ लिंग

Male Female Other

Address/ आवेदक का पता *

enter Address

Mobile Number/ मोबाइल नंबर *

enter 10 digit mobile number

Email ID/ ई-मेल*

enter email ID

(B) Change of Constitution

Firm's Name/ फर्म नाम

enter firm name

Registered Address of the firm

enter place of business

No. of Partners/ पार्टनर की संख्या

no of partners

We, a partner/ a person specially authorised by a partner in the above mentioned firm hereby give notice that-

(i) the constitution of the firm has been altered by retirement/ admission as follows:-

Retirement Admission

Admitting Person details

Name of the Admitting partner*

enter duration of firm

effective date of admission*

././.



full permanent address of partner*

enter duration of firm

age of admitting partner*

enter duration of firm

SAV

Mobile Number/ मोबाइल नंबर *

enter 10 digit mobile number

Email ID/ ई मेल *

enter email ID

Date of Birth (DOB)/ जन्म तारीख *

Signature of the admitting partner *





Choose File No file chosen

Add




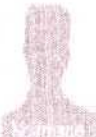
(i) the said firm has been dissolved with effect from (w.e.f.)

Dissolved Date





Partner's Detail/ पार्टनर विवरण

S.No.	Partner Name	Specially Authorized Agent Name	Signature of partner	Signature of Specially Authorized Agent	Action
1.	PARDEEP PODDAR	NA			<input checked="" type="checkbox"/>
2.	PARDEEP PODDAR	NA			<input checked="" type="checkbox"/>

(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)*

Choose File No file chosen



(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?)

Choose File No file chosen

(E) Witness & Payment/ भुगतान और गवाह

Witness Details*

Name/ गवाह का नाम *

enter witness name

Designation/ गवाह की पद *

enter witness designation

Address/ गवाह का पता *

enter witness address

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

enter witness membership / registration no

Applicant Signature/ आवेदक का हस्ताक्षर *

Choose File No file chosen

Witness Signature with Seal / गवाह का हस्ताक्षर और के साथ *

Choose File No file chosen

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 authorized in this behalf in the presence of a witness /witnesses who must be Gazetted officer, Magistrate, notary public or an Advocate of the High Court.

Pay & Submit

Close

SAG

FORM - E
(Retirement)

INDUSTRIES DEPARTMENT
GOVERNMENT OF RAJASTHAN

Change of Constitution in firm
(Section 63 of Indian Partnership Act,1932)

Partnership Firm Registration Number

Registration No

enter firm registration number of FORM-A

Validate

(A) Applicant Details/ आवेदक विवरण

Applicant Type/ आवेदक का प्रकार

Authorized person Partner

Authorized Person/ Partner Aadhaar Number/ अधिकृत
व्यक्ति/ पार्टनर आधार संख्या*

ENTER AADHAAR NUMBER

Validate

First Name/ पहला नाम*

enter first name

Last Name/ आखिरी नाम

enter last name

Date of Birth (DOB)/ जन्म तारीख*

DD/MM/YYYY



Gender/ लिंग

Male Female Other

Address/ आवेदक का पता*

enter Address

Mobile Number/ मोबाइल नंबर*

enter 10 digit mobile number

Email ID/ ई-मेल*

enter email ID

(B) Change of Constitution

Firm's Name/ फर्म नाम

enter firm name

Registered Address of the firm

enter place of business

No. of Partners/ पार्टनर की संख्या

no of partners

We, a partner/ a person specially authorised by a partner in the above mentioned firm hereby give notice that-

(i) the constitution of the firm has been altered by retirement/ admission as follows:-

Retirement Admission

Retiring Person details

Partner Name/ पार्टनर का नाम *

enter partner name

Name of Retiring Partner*

enter the name of retiring partner

effective date of retirement*

././



Add



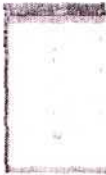

(ii) the said firm has been dissolved with effect from
(w.e.f.)

Dissolved Date

././



Partner's Detail/ पार्टनर विवरण

S.No.	Partner Name	Specially Authorized Agent Name	Signature of partner	Signature of Specially Authorized Agent	Action
1.	PARDEEP PODDAR	NA			<input checked="" type="checkbox"/>
2.	PARDEEP PODDAR	NA			<input checked="" type="checkbox"/>

(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)*

Choose File No file chosen

(E) Witness & Payment/ भुगतान और गवाह

Witness Details*

Name/ गवाह का नाम *

enter witness name

Designation/ गवाह का पद*

enter witness designation

Address/ गवाह का पता *

enter witness address

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

enter witness membership / registration no

Applicant Signature/ आवेदक का हस्ताक्षर *

Choose File No file chosen

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

Choose File No file chosen

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.

Pay & Submit