

FORM-A

INDUSTRIES DEPARTMENT
GOVERNMENT OF RAJASTHAN

Application for Registration of Firm
(Section 58 of Indian Partnership Act. 1932)

(A) Applicant Details/ आवेदक का विवरण

Applicant Type/ आवेदक का प्रकार

Authorized person Partner

(B) Firm Details/ फर्म का विवरण

Firm's Name/ फर्म का नाम*

enter firm name

Duration of Firm/ फर्म की अवधि

At will Not at will

Principal Place of Business/ Address *

enter principal place of business

Other Place of Business/ Address

enter other place of business

Station/ स्थान*

--Select District--

No. of Partners/ पार्टनर की संख्या (minimum 2 Partners)*

enter no of partners

(C) Partner's Detail (each Partners)/ प्रत्येक पार्टनर का विवरण

We, the undersigned, being partner hereby apply for registration as a firm and for that purpose supply the following particulars pursuant to Section 58 of the Indian partnership Act, 1932.

Partner Aadhaar Number/ पार्टनर आधार संख्या*

571566752744

Validate

Partner Name/ पार्टनर का नाम *

enter partner name

Age/ आयु *

enter age

Permanent Address of the Partners

Category Urban/ Rural/ शहरी/ ग्रामीण

Urban Rural

Plot Number/ House Number/ प्लॉट संख्या/ मकान संख्या*

enter house number

Lane/ Street/ Road/ लेन/ गली/ सड़क *

enter lane/ street

Area/ Colony/ क्षेत्र/ कॉलोनी*

enter area/ colony

District/ जिला*

--Select District--

SAJ

City/ Block/ शहर/ ब्लॉक*

enter city/block

Ward No./ Gram Panchayat/ वार्ड संख्या/ ग्राम पंचायत*

enter ward no./ gram panchayat

Pin Code/ पिन कोड*

enter pin code

State/ राज्य

--Select State--

Mobile Number/ मोबाइल नंबर*

enter 10 digit mobile number

Email ID/ ई-मेल*

enter email ID

Date (Partner joined)/ तारीख (पार्टनर शामिल हो गए)*

././



Signature of the Partners/ Specially Authorised Agents*

Choose File No file chosen

Add Partner

(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

Registration fees (₹) :- 300.00

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.

Select DIC Office *

--Select--

Pay & Submit

Close