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**GOODS AND SERVICES TAX RULES, 2017**  
**GOODS AND SERVICE TAX PRACTITIONER**  
**FORMATS**

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## **List of Goods and Service Tax Formats**

Sr. No.	Form No.	Description
1.	GST PCT - 1	Application for Enrolment as Goods and Service Tax Practitioner
2.	GST PCT-02	Enrolment Certificate for Goods and Service Tax Practitioner
3.	GST PCT-03	Show Cause Notice for disqualification
4.	GST PCT-04	Order of Rejection of Application for enrolment as GST Practitioner/ Or Disqualification to function as GST Practitioner
5.	GST PCT-05	Authorization/withdrawal of authorization of Goods and Service Tax Practitioner.

**Form GST PCT - 1***[See Rule --- ]***Application for Enrolment as Goods and Services Tax Practitioner****Part -A**

State /UT –



District -



(i)	Name of the Goods and Services Tax Practitioner <i>(As mentioned in PAN)</i>	
(ii)	PAN	
(iii)	Email Address	
(iv)	Mobile Number	
<b>Note - Information submitted above is subject to online verification before proceeding to fill up Part-B.</b>		

**PART B**

1.	Enrolling Authority	Centre <input type="checkbox"/> State <input type="checkbox"/>
2.	State/UT	
3.	Date of application	
4	Enrolment sought as:	(1) Chartered Accountant holding COP (2) Company Secretary holding COP (3) Cost and Management Accountant holding COP (4) Advocate (5) Graduate or Postgraduate degree in Commerce (6) Graduate or Postgraduate degree in Banking (7) Graduate or Postgraduate degree in Business Administration (8) Graduate or Postgraduate degree in Business Management (9) Degree examination of any recognized Foreign University (10) Retired Government Officials
5.	Membership Number	
5.1	Membership Type (drop down will change based the institute selected )	
5.1	Date of Enrolment / Membership	
5.2	Membership Valid upto	

6	Advocates registered with Bar (Name of Bar Council)	
6.1	Registration Number as given by Bar	
6.2	Date of Registration	
6.3	Valid up to	
7	Retired Government Officials	Retired from Centre/ State
7.1	Date of Retirement	
7.2	Designation of the post held at the time of retirement	Scanned copy of Pension Certificate issued by AG office or any other document evidencing retirement
8.	<b>Applicant Details</b>	
8.1	Full name as per PAN	
8.2	Father's Name	
8.3	Date of Birth	
8.4	Photo	
8.5	Gender	
8.6	Aadhaar	<optional>
8.7	PAN	< Pre filled from Part A>
8.8	Mobile Number	<Pre filled from Part A>
8.9	Landline Number	
8.10	Email id	< Pre filled from Part A>
9.	<b>Professional Address</b>	(Any three will be mandatory)
9.1	Building No./ Flat No./Door No.	
9.2	Floor No.	
9.3	Name of the Premises / Building	
9.4	Road / Street Lane	
9.5	Locality / Area / Village	
9.6	District	
9.7	State	
9.8	PIN Code	
10.	<b>Qualification Details</b>	

10.1	Qualifying Degree	
10.2	Affiliation University / Institute	
	<p><b>Consent</b></p> <p><i>I on behalf of the holder of Aadhaar number &lt;pre-filled based on Aadhaar number provided in the form&gt; 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.</i></p> <p><b>Verification</b></p> <p><i>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.</i></p>	
	Place	< DSC /E-sign of the Applicant/EVC>
	Date	< Name of the Applicant>

### **Acknowledgment**

Application Reference Number (ARN) -

You have filed the application successfully.

GSTIN, if available:

Legal Name:

Form No. :

Form Description :

Date of Filing:

Time of filing:

Center Jurisdiction:

State Jurisdiction :

Filed by :

Temporary reference number, (TRN) if any:

Place:

It is a system generated acknowledgement and does not require any signature.

Note - The status of the application can be viewed through “Track Application Status” at dash board on the GST Portal.

**Form GST PCT-02**

*[See Rule ----]*

**Enrolment Certificate of Goods and Services Tax Practitioner**

1.	Enrolment Number	
2.	PAN	
3.	Name of the Goods and Services Tax Practitioner	
4.	Address and Contact Information	
5.	Date of enrolment as GSTP	
Date Enrolment Authority		Signature of the
Designation.		Name and
		Centre / State

**Form GST PCT-03**

*[See Rule -----]*

Reference No.

Date

To

Name

Address of the Applicant

GST practitioner enrolment No.

**Show Cause Notice for disqualification**

It has come to my notice that you are guilty of misconduct, the details of which are given hereunder:

- 1.
- 2.

You are hereby called upon to show cause as to why the certificate of enrolment granted to you should not be rejected for reasons stated above. You are requested to submit your response within <15> days to the undersigned from the date of receipt of this notice.

Appear before the undersigned on ----- (date)..... (Time).....

If you fail to furnish a reply within the stipulated date or fail to appear for personal hearing on the appointed date and time, the case will be decided ex parte on the basis of available records and on merits

Signature

Name  
(Designation)

**Form GST PCT-04**

[See Rule -----]

Reference No.

Date-

To

Name

Address

Enrollment Number

**Order of rejection of enrolment as GST Practitioner**

This has reference to your reply dated ---- in response to the notice to show cause dated -----.

- Whereas no reply to notice to show cause has been submitted; or
- Whereas on the day fixed for hearing you did not appear; or
- Whereas the undersigned has examined your reply and submissions made at the time of hearing, and is of the opinion that your enrolment is liable to be cancelled for following reason(s).

- 1.
- 2.

The effective date of cancellation of your enrolment is <<DD/MM/YYYY >>.

Signature

Name  
(Designation)



**Form GST PCT-05**

[See Rule -----]

**Authorisation / withdrawal of authorisation for Goods and Services Tax Practitioner**

To

The authorized officer

Central Tax/State Tax.

**PART-A**

Sir/Madam

I/We <Name of the Proprietor/all Partners/Karta/Managing Directors and whole time Director/Members of Managing Committee of Associations/Board of Trustees etc.) do hereby

1. \*solemnly authorize,
2. \*withdraw authorization of

----- (Name of the Goods and Services Tax Practitioner), bearing Enrolment Number----  
---- for the purposes of Section 48 read with **rule 24.Return** to perform the following activities on behalf of ----- (Legal Name) bearing << GSTIN - >>:

Sr. No.	List of Activities	Check box
1.	To furnish details of outward and inward supplies	
2.	To furnish monthly, quarterly, annual or final return	
3.	To make deposit for credit into the electronic cash ledger	
4.	To file an application for claim of refund	
5.	To file an application for amendment or cancellation of registration	

2. The consent of the ----- (Name of Goods and Services Tax Practitioner) is attached herewith\*.

*\*Strike out whichever is not applicable.*

Signature of the authorized signatory

Name

Designation/Status

Date

Place

**Part -B**

**Consent of the Goods and Services Tax Practitioner**

I <<(Name of the Goods and Services Tax Practitioner)>>< Enrolment Number> do hereby solemnly accord my consent to act as the Goods and Services Tax Practitioner on behalf of ----- (Legal name), GSTIN ..... only in respect of the activities specified by ----- (Legal name), GSTIN .....

Signature

Name

Enrolment No.

Date