



Your Service

Our Duty

Receipt of Intimation



The applicant has submitted intimation regarding the commencement of business via Form 'F' to this office with the details mentioned below. The details are as follows:

1	Receipt Number	:	2410200319002433			
2	Application (Intimation Letter) ID Number	:	106771882403			
3	Name of Establishment	:	SPLENDID SMILES			
4	Total Number of Employees	:	6			
			Male	Female	Other	Total
			2	4	0	6
5	a) Name of Employer	:	GUNJAN RAHUL KUMARI RAI			
	b) Address of Establishment	:	Shop No - 2, Golden Heights, Plot No - 34/35, Sector - 20, Koparkhairane, Navi Mumbai (Municipal Corporation), Thane, Thane, 400709			
6	This receipt is merely an acknowledgement of the intimation sent to the office by the applicant regarding the commencement of their business and is not proof of the existence of the business or the place of business. The entire responsibility of holding necessary permission / licenses / permits from the concerned competent authority for the business and the place of business remains with the owner. This receipt cannot be considered valid under any law for ownership rights of the business place or ownership rights of the property or possession or for any such purpose.					
7	Nature of Business	:	DENTAL CLINIC			
8	Number and date of previous Registration Certificate, if applicable	:				

Note: This receipt is generated by a computer system, hence no signature is required. This receipt is issued based on the self-declaration and self-attested records submitted by the applicant without verification.

This receipt is given in place of the Registration Certificate (Form - B). Registration Certificate is not applicable to establishments having less than 10 employees.

Date: 05-07-2024

Place: Thane

Office Address: Shop Inspector Office, Vashi, Address- Agarwal Chambers No. 2, Sector - 19-C, Vashi, Navi Mumbai.

Application ID Number	Service Fee Paid (Rupees)
106771882403	23.60