AMDAVAD MUNICIPAL CORPORATION

Gujarat Shops and Establishments
(Regulation of Employment and Conditions of Service) Act 2019

FORM – E

(See rule 7)

INTIMATION RECEIPT

The applicant has intimated the following details for having commenced the Business in Form-D to this office. The details thereof are as follows: -

1	**Receipt Number**	:-	**102-02062021**
2	**Application Id number**	:-	**PEC010672001687**
3	**Name of the Establishment**	:-	**KARNAVATI DENTAL CARE**
4	**Total No. of Workers**	:-	**-N.A.-**
5	**a) Name o the Employer**	:-	**DR. ANKITKUMAR M. BHAGORA**
	b) Postal Address of the Establishment	:-	**34, HIMALAYA COMPLEX, NEHRU PARK, VASTRAPUR, AHMEDABAD-380015**
	c) Registered Office Address of the Establishment (if any)	:-	**34, HIMALAYA COMPLEX, NEHRU PARK, VASTRAPUR, AHMEDABAD-380015**
6	This is just an acknowledgement of the intimation application and not a proof of existence of the business and the place of business as mention in the Intimation application. It shall be the responsibility of the employer to obtain all the prior and post permission. Permits licenses mandatory for the conduct of the said business and for the place of business from the concerned authority.		
7	**Nature of Business**	:-	**DENTAL CLINIC**
8	**Old Registration No. and Date, if applicable**	:-	**PII/STYGC/2900004/0257180**

(Note: - This is an electronically generated receipt, hence does not required signature.)

Date: 02.06.2021

Place: AHMEDBADABAD

Shops and Establishments Department
NORTH WEST Zone

AHMEDABAD MUNICIPAL CORPORATION
NORTH WEST ZONE
PROFESSIONAL
TAX