



**CENTRAL BOARD OF EXCISE AND CUSTOMS**  
Ministry of Finance - Department of Revenue

100057



**FORM ST-1**

[Application form for registration under Section 69 of The Finance Act, 1994(32 of 1994)]

**IDENTIFICATION OF BUSINESS REQUIRING REGISTRATION**

<b>Name of Applicant :</b>	CEREBRAL BUSINESS RESEARCH (P) LTD.
<b>Address of the Applicant :</b>	C-11, SECOND FLOOR, SOUTH EXTENSION -1, NEW DELHI-110049
<b>Details of Permanent Account Number(PAN) of the applicant</b>	
<b>PAN Status :</b>	Allotted
<b>PAN :</b>	AAECC0413A
<b>Name of the Applicant(as appearing in PAN) :</b>	CEREBRAL BUSINESS RESEARCH PRIVATE LIMITED
<b>Constitution Of applicant :</b>	Registered Private Limited Company
<b>Name of Trustee/Proprietor/HUF :</b>	
<b>Category of Registrant :</b>	Service Provider
<b>Nature of registration :</b>	Registration of a single premise
<b>Taxable services provided :</b>	CONVENTION SERVICE

*Office of the Assistant Commissioner,  
Service Tax Division-I  
Knownledged by B. Head*

**ADDRESS OF PREMISES FOR WHICH REGISTRATION IS SOUGHT**

<b>Name Of Premises/Building :</b>	C-11	<b>Flat / Door / Block No :</b>	SECOND FLOOR
<b>Road / Street / Lane :</b>		<b>Village / Area / Lane :</b>	SOUTH EXTENSION
<b>Block / Taluk / Sub-Division / Town :</b>	PART 1	<b>Post Office :</b>	MUBARAKPUR
<b>City / District :</b>	NEW DELHI	<b>State / Union Territory :</b>	DELHI
<b>PIN :</b>	110049	<b>Phone Number-1 :</b>	01131909988
<b>Phone Number-2 :</b>		<b>Fax Number-1 :</b>	
<b>Fax Number 2 :</b>		<b>Email Address :</b>	sanjaywadhw001@hotmail.com
<b>Commissionerate :</b>	SERVICE TAX - DELHI	<b>Division :</b>	SERVICE TAX DIVISION-I - NEW DELHI
<b>Range :</b>	RANGE-V		

057  
2/8/10

**NAME, ADDRESS AND PHONE NUMBER OF PROPRIETOR / PARTNER / DIRECTOR / TRUSTEES ALONG WITH DETAILS OF AUTHORIZED SIGNATORIES**

<b>Name :</b>	SUHAIL FAROOQ TAK	<b>Designation :</b>	Director
<b>Address :</b>	303, WAZARAT ROAD, JAMMU-180001		
<b>Phone Number :</b>	01131909977	<b>Email Address :</b>	sanjaywadhw001@hotmail.com

**NAME, DESIGNATION AND ADDRESS OF AUTHORIZED SIGNATORIES**

<b>Name :</b>	CHANDER KANT VERMA	<b>Designation :</b>	Director
<b>Address :</b>	7-B, SHASTRI NAGAR, GANDHI NAGAR, JAMMU (J & K)-180004		
<b>Phone Number :</b>	01131909988	<b>Email Address :</b>	sanjaywadhw001@hotmail.com

**Declaration**

I, CHANDER KANT VERMA, hereby declare that the information given in this application form is true, correct and complete in every respect and that I am authorised to sign on behalf of the Registrant.

- (a) For new Registration : I would like to receive the Registration Certificate by mail/by hand/E-MAIL
- (b) For amendments to information pertaining to existing Registrant : Date from which amendments are made:

Date : 02/08/2010

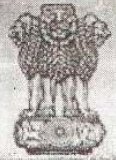
For Cerebral Business Research Pvt. Ltd.

*Chander Kant Verma*  
Director



## CENTRAL BOARD OF EXCISE AND CUSTOMS

Ministry of Finance - Department of Revenue



- SDR
- PRA
- REF
- REG
- Fill Non Assessee
  - Fill ST-1
  - Change Password
- HELP
- RET
- REP
- 

Service Tax Registration

Logged in cerebralbrp

Your application having Registration Number **AAECC0413ASD001** is submitted with

**Commissionerate - SERVICE TAX - DELHI**

Address - MG MARG I P ESTATE NEW DELHI - 2715 52.

Telephone Number - 01123378407, -

**Division - SERVICE TAX DIVISION-I - NEW DELHI**

Address - NEHRU PLACE NEW DELHI - - 2722 52.

Telephone Number - 01126451449, -

**Range - RANGE-V** Address - 37, 2ND FLOOR NEHRU PLACE NEW DELHI - 2715 52.

Telephone Number-01126451449, -

New assessee seeking registrations in Service Tax will submit to the jurisdictional Range Officer, a print out of the application form submitted online duly signed by the authorized signatory along with attested copies of the following documents :

- (a) copy of PAN,
  - (b) Proof of residence,
  - (c) Constitution of applicant at the time of filing an application for registration,
- and
- (d) Power of attorney would be required in respect of authorized person(s).

Existing assessee seeking amendment in registration, will also submit the above listed documents, relevant to the amendment, alongwith the print out of the application to the jurisdictional Range Officer.

After satisfactory verification, Registration Certificate will be issued.

Please mention this number in all your future transactions with us, till you receive the Registration

For Cerebral Business Research Pvt. Ltd.

  
Director