

## Government of India Form GST REG-06

[See Rule 10(1)]

## **Registration Certificate**

 $\textbf{Registration Number:}\ 08CNIPP8174R1ZT$ 

| 1.                                      | Legal Name                                |             | POOJA PAREEK                                              |                  |              |                       |
|-----------------------------------------|-------------------------------------------|-------------|-----------------------------------------------------------|------------------|--------------|-----------------------|
| 2.                                      | Trade Name, if any                        |             | SPAGYRIC THERAPY                                          |                  |              |                       |
| 3.                                      | Constitution of Business                  |             | Proprietorship                                            |                  |              |                       |
| 4.                                      | Address of Principal Place of<br>Business |             | A-24, BALAJI TOWN, KUNHADI, KOTA, Kota, Rajasthan, 324008 |                  |              |                       |
| 5.                                      | Date of Liability                         |             |                                                           |                  |              |                       |
| 6.                                      | Period of Validity                        |             | From                                                      | 23/09/2021       | То           | Not Applicable        |
| 7.                                      | Type of Registration                      |             | Regular E 5 6                                             |                  |              |                       |
| 8.                                      | Particulars of Approving Authority        |             | Rajasthan                                                 |                  |              |                       |
| Signature                               |                                           |             |                                                           |                  |              |                       |
| Name SONAL                              |                                           | I JAIN      |                                                           |                  |              |                       |
| Designation Assistan                    |                                           | Assistant   | nt Commissioner                                           |                  |              |                       |
| Jurisdictional Office Circle            |                                           | Circle-A,   | A, Kota - Ward-3                                          |                  |              |                       |
| 9. Date of issue of Certificate 23/09/2 |                                           | 23/09/20    | )21                                                       |                  |              |                       |
| Note:                                   | The registration certificate is re-       | quired to b | e prominently                                             | displayed at all | places of bu | isiness in the State. |

This is a system generated digitally signed Registration Certificate issued based on the approval of application granted on 23/09/2021 by the jurisdictional authority.



GSTIN 08CNIPP8174R1ZT

Legal Name POOJA PAREEK

Trade Name, if any SPAGYRIC THERAPY

## **Details of Additional Places of Business**

Total Number of Additional Places of Business in the State 0



GSTIN 08CNIPP8174R1ZT

Legal Name POOJA PAREEK

Trade Name, if any SPAGYRIC THERAPY

## **Details of Proprietor**

1



Name POOJA PAREEK

Designation/Status Proprietor

Resident of State Rajasthan