

**TEMPORARY OVERLAYS-APPLICATION FORM**

|          |   |  |
|----------|---|--|
| <b>1</b> | <b>Name &amp; Address of the licensee</b>                                     |  |
| <b>2</b> | <b>Name &amp; Address of the unit</b>   |  |
| <b>3</b> | <b>Registration/License number<br/>(attach copy)</b>                          |  |
| <b>4</b> | <b>Contact numbers</b>  |  |
| <b>5</b> | <b>E mail ID</b>  |  |
| <b>6</b> | <b>PAN number<br/>(attach copy)</b>   |  |
| <b>7</b> | <b>GST Number<br/>(attach copy)</b>   |  |
| <b>8</b> | <b>Status of Income Tax Returns filed in<br/>previous two financial years</b> |  |
| <b>9</b> | <b>Previous experience doing similar work if<br/>any.( enclose proof)</b>     |  |

I hereby declare that the above details and true and correct.

Name:-

Signature:-

Date:-