

DEPARTMENT OF TRADE AND TAXES

GOVERNMENT OF NATIONAL CAPITAL TERRITORY OF DELHI

FORM GE-I

Please tick

ORIGINAL	<input type="checkbox"/>
REVISED	<input type="checkbox"/>

*Please see note at the end of the form

1. Name, address and constitution of the Government entity												
1.1 Name												
1.2 Address												
1.3 Constitution of the Government Entity.	Select ▼											

Drop down box with the options Ministry department, Directorate, Corporation, Board, PSU, Authority, Government Aided body, other (please specify)

2. Government

Select ▼

Drop down box with options central, Delhi, Andaman and Nicobar, Andhra Pradesh, Arunachal Pradesh, Assam, Bihar, Chandigarh, Chattisgarh, Dadra and Nagar Haveli, Daman and diu, Goa, Gujarat, Haryana, Himachal Pradesh, Jammu and Kashmir, Jharkhand, Karnataka, Kerala, Lakshwadeep, Madhya Pradesh, Maharashtra, Manipur, Meghalaya, Mizoram, Nagaland, Odisha, Puducherry, Punjab, Rajasthan, Sikkim, Tamil Nadu, Telangana, Tripura, Uttar Pradesh, Uttrakhand, West Bengal.

3. Whether already registered with Department of Trade & Taxes, Delhi

Select ▼

Drop down box with options Yes or No

3.1 If Yes, please mention TIN																				
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4.1 PAN (permanent account number), if any																				
4.2 TAN (for deduction of Income tax at source																				

5. Details of the DDO/ person responsible for releasing payment for purchase	
5.1 Name	
5.2 Designation	
5.3 Contact no.	
5.4 E-Mail ID	
5.5 Office Address	

6. Details of the person authorized to furnish returns in form GE-II	
6.1 Designation	
6.2 Contact No.	
6.3 E-Mail ID	
6.4 Office Address	
6.5 Mobile Phone No.	

7. Verificationⁱ																				
I/We hereby solemnly affirm and declare that the information given hereinabove is true and correct to the best of my/our knowledge and belief and nothing has been concealed therefrom.																				
Name																				
Designation																				
Contact No.																				
E-MAIL ID																				
Office Address																				
Mobile Phone No.																				

ⁱ The verification is to be done by the Head of Department/ Head of office/ Chairman/ Managing Director/ Director

Place																				
Date																				
	Day			Month			Year													

*Ticking at "REVISED" will open another box requiring GEID already issued. After filling of GEID, a new password will conveyed on the earlier registered e-mail ID or a fresh e-mail ID as desired. The new password will be required to be filled after which all fields of the form will be auto-populated with details furnished on the previous occasion and only relevant field will be required to be modified.