| **Government of…….**  **Department of……..**  **(State with which TRP is enrolled)** | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Form GST –TRP 5** | | | | | | | |
| *[See Rule ----]* | | | | | | | |
|  | | | | | | | |
| **Serial Number** | **Name of TRP** | **Category**  **CA/CS/CA (Cost)/**  **Advocate/**  **Retd..Tax Officials/**  **Others** | **Enrolment Number** | **Address** | **Contact Number** | **Email id** | **Valid up to** |
| **1** | **2** | **3** | **4** | **5** | **6** | **7** | **8** |