| **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** |