



Government of Telangana
Commercial Taxes Department
FORM I A

Profession Tax Payer Registration Certificate
(Section 6 Read with Rule 3)

PTIN : **36432462800** Date : **04-Apr-2025**

Tax Division : **HYDERABAD RURAL** Tax Circle: **BALANAGAR**

Name : **HOSFRIEND HEALTHCARE SERVICES PRIVATE LIMITED**

Main Profession : **Entry 1 Salary Wages**

Door No./Street Address : **PLOT NO 156,RAJA RAJESHWARI NAGAR**

City/Village/Locality : **KONDAPUR**

Mandal/Municipality : **SERILINGAMPALLY**

District : **RANGAREDDY**

PIN : **500084**

Telephone/Mobile Number : **/9849010604**

Email : **DHUMBALA.VINOD@GMAIL.COM**

The holder of this certificate shall abide by all the provisions of Telangana Tax on Profession Trade, Calling and Employment Act,1987 and the Rules framed there under as amended from time to time.

Date :
This is system generated certificate and does not require signature

Signature of Competent Authority