User Guide for Enrolment on GSTN Portal (www.gst.gov.in)

(Migration to GST)

GST Migration starts from 30-November-2016 for West Bengal State. Once Dealer will login on West Bengal Commercial Tax Department Portal (www.wbcomtax.gov.in) using his Login Id (VAT TIN) and credentials. It will show pop-up window which will show details of GSTN Provisional Id and Temporary password on screen to enroll on GSTN Portal (www.gst.gov.in). Enrolment Process schedule for Dealer of West Bengal State is from 30-Nov- 2016 to 15-Dec-2016. Refer https://www.gst.gov.in/ for further details for GSTN related process/news/video/user guide etc.







1) Dealerwillnow openGSTNPortal(www.gst.gov.in)forFurtherEnrolmentProcess



2)Forfirsttimelog in, click the NEWUSERLOGIN



3) Tick on Declaration submit throughcontinue button.

GSTN has been assigned the task of collection of data of existing taxpayers under in transition to GST. I would like to continue my business operations under GST regime, I GSTN as per the provisions of Proposed Model Goods and Services Tax Act (GST Act). I s come into force as on the date to be notified by the Central / State Government and the issued shall be effective only from the date to be notified.	indirect taxes for their smooth agree to provide details sought by understand that the GST Act shall e provisional registration number
The Declaration page is displayed. Steps to complete Provisional Registration Step 1: Enter the Username and Password provided to you by your State VAT Auth Step 2: Enter Mobile Number and Email Address of the authorized signatory of the correspondence from the GST portal will be sent on this registered Mobile Number Step 3: Enter OTP sent on Mobile Number and Email Address provided by you Step 4: Enter information and upload scanned images as mentioned in provisional	CONTINUE nority business entity All future and Email Address registration form
Please read the User Guide and FAQ (links available in the footer) before proceed In case of any gueries please contact our Help Desk Number or Email Address of	eding ahead. mentioned in the footer.

4)Enterprovisional id provided by state authority.

	Login	
	Indicates Mandatory Fields	
Enter the Provisional ID that you	Provisional ID (as provided by Tax Authority)*	
received in the e-mail message or any other communication received from the	17AABF00597R1ZL	
State VAT Department.	Password (as provided by Tax Authority)*	
	Enter password	
	Type the characters you see in the image below *	
	Enter Characters shown below	
	2006532 °	
	LOGIN	
	O First time login: Please contact your VAT Department to get your Provisional ID and Password, if not received or lost.	
	Existing User: If you have already created your Username and Pansword, showing to login.	
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5) Enterpassword providedbyState authority.

	Login	
	Indicates Mandatory Fields	
	Provisional ID (as provided by Tax Authority)*	
	17AABF00597R1ZL	
Enter the password that you	Password (as provided by Tax Authority)*	
received in the e-mail message or any other communication received	Enter password	
from the State VAT Department.	Type the characters you see in the image below*	
	Enter Characters shown below	
	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	
	LOGIN	
	• First time login: Please contact your VAT Department to get your Provisional ID and Password, if not received or lost.	
	O Existing User: If you have already created your Username and Paramord, showing the Joon	

6) EnterCaptchavalue shown inimage.

Home: Login		10000
	Login	
	Indicates Mandatory Fields	
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	17AABF00597R1ZL	
	Password (as provided by Tax Authority)*	
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	Type the characters you see in the image below*	
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	► 7000382 0	
Click the LOGIN button.		
	O First time login: Please contact your VAT Department to get your Provisional ID and Password, if not received or lost.	
	O Existing User: If you have already created your Username and Password, click here to login.	

7) Entervalidemailandmobile no.

Hintle Crime Posterio	me	
	Provisional ID OTP Verification New Credentials Security Questions Verification	
	Kindly provide the below information to proceed	_
	<ul> <li>Indicates Mandatory Fields</li> </ul>	
	Authorised Signatory. All future correspondences from the GST portal will be sent on this registered Mobile Number and Email Address only. Changes to this will be non- editable till 01/04/2017 Email Address*	
	prakash32@gmail.com	
	Mobile Number *	
Enter your mobile phone	number +91 9986863270	
	CONTINUE.	

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		Kindly provide the below information to proceed	
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Enter your mobile phone number		Authorised Signatory. All future correspondences from the GST portal will be sent on this registered Mobile Number and Email Address only. Changes to this will be non- editable till 01/04/2017 Email Address*	
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Enter your mobile phone number +91 99868653270		Mobile Number*	
CONTINUE	Enter your mobile phone num	6er +91 9986863270	
		CONTINUE	

9) EnterseparateOTPreceivedon emailand mobile.

Pr	avaional ID OTP Verification New Ordentials Security Questions enflication	
The OTP Verification page is displayed	OTP Verification	
You must have received two different One Time Passwords (OTPs), one on your e-mail address and another on your	Please enter the OTPs sent to your Email Address prakash32@gmail.com and Mobile Number 9986863270	
Do not share these OTPs	Enter Email OTP	
Check your e-mail message	Mobile OTP*	
and note your Email OYP. Also check text messages sent on your mobile phone number and	Enter Mobile OTP	
BOD YOUR MODDIE OTTP.	CONTINUE RESEND OTP	

10) Click on Resend OTPbutton in caseOTPisexpired.

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	Provisional ID OTP Verification New Gredentials Security Que Verification	estions
	OTP Verification	
	Indicates Mandatory Fields	
	Please enter the OTPs sent to your Email Address	
	prakash32@gmail.com and Mobile Number 9986863270	
	Email OTP*	
	Mobile OTP+ In case your OTP is expired and you want to reco	cive de
	shore number, dick the RESEND OTP button	
	CONTINUE RESEND OTP	

11) Enterthe Newusername and newpasswordforthe nexttimelogin and fillupother details.

frome "Create osemalme"		
Pro	visional ID OTP Verification New Crodentials Security Questions	
	Kindly provide the below information to proceed • Indicates Mandatory Fields	
	New Username* prakash_32	
	• You are required to choose a New Username. Username should be of 8 to 15 characters, which should start with an alphabet, should comprise of alphabets and can contain numbers, special character (dot (.), underscore () or hyphen (-))	
	New Password *	
Enter a Password that you will be using from next time onwards.	Enter New Password	
	O Password should be of 8 to 15 characters, should comprise of at least one alphabet, one number, once upper case letter, one lower case letter and one special character	
	Re-configm Program	

12) Enterse curity answers. This is required to reset password in case user forgets.

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	Provisional ID OTP Verification New Credentials Security Questions Verification	
	Security Questions (To enable you to retrieve your password in case you forget it)	
	<ul> <li>Indicates Mandatory Fields</li> </ul>	
The Security Questions page is displayed.	<ol> <li>What is the data of birth of Proprietor (in case of Proprietorship) /Year of commencement of Business? (Others) *</li> </ol>	
on this page.	Enter Security Answer	
	2. What is the name of your mother(in case of Proprietorship)/Mother name of Primary Authorized Signatory? •	
	Enter Security Answer	
	3. Name your main commodity / service*	
	Enter Security Answer	
	4. Name of thicking employee	





#### 14)

	<ol> <li>What is the data of birth of Proprietor (in case of Proprietorship) /Year of commencement of Business? (Others) *</li> </ol>	
	1990	
	2. What is the name of your mother(in case of Proprietorship)/Mother name of Primary Authorized Signatory?	
	prabha	
	3. Name your main commodity / service*	
	paper	
	4. Name of the first employee *	
	abhilash	
	5. Personal Mobile Number of Proprietor / Authorized Signatory *	
For each security question, enter the answer.	ютесававее	
	SUBMIT	

15) Nowlogin with new user name and password.

Goods a	nd Services lax	eu Lagan
Home Login		
	$\textcircled{O}$ Username and password have been successfully $\qquad \qquad \qquad$	
	Login	
	Indicates Mandatory Fields Username*	
	Enter Username	
	Password *	
	Enter password	
	LOGIN	
	Forgot Username Forgot Password	
	O First time login: If you are lopping in for the first time,	

16)

tord .	Goods and S	ervices Tax	+0 Login
<u></u>	- anim		
Home	Login		
		<ul> <li>Username and password have been successfully created. Kindly login using these credentials</li> </ul>	
		Login	
		Indicates Mandatory Fields	
		Usemame*	
	You can login to the GST Common Portal from this	Enter Username	
	page with your new Usemame and Pasaword.	Password*	
		Enter password	
		LOGIN	
		Forgot Username Forgot Password	
		O First time login: If you a sopping in for the first time,	_

# 17) Fillup details of business.

		Notice the	o five fields are auto monito	ted Local Name of Ru	singes (as nor PAN)		18	
Details of y	our Business	Legal Na	ame of Business (as per c and Zone/ I	urrent tax Act), PAN of District/ Ward/ Zone.	the Business, State	• indicates r	nandatory field	
Legal Nam	Legal Name of Business (as per PAN)		Legal Name of Bu	ISINESS (as per curre	nt PAN of the	Business		
Prakash A	garwala		tax Act)		AABFOOS	AABFO0S97R		
Trade Nam	e		Constitution of B	usiness*				
Enter Tra	ide Name		Select One Bus	siness Area	· [			
State			Zone/ District/ W	ard/ Zone	Zone/ Distr	Zone/ District/ Ward/ Zone No*		
	Meghalaya		circle	drde				

and an one of the	Registration No.*	Date of Registrati	ion *	
Select *		DD/MM/YYYY	8	ADD
animent Links of	Enter the details o State VAT Registration	f your existing registration detail Central Excise, Service Tax Re	s like gistration	CANCEL
Proof of Constitution of Bus	siness*			
Select		٠		
<ul> <li>File with PDF or JPEG for</li> <li>Maximum file size for up</li> </ul>	mat is only allowed. load is 1 MB			
Choose File No file chosen	1			
			BACK	SAVE & CONTINUE

# 18) Enterdetailsofpromoter/partnerdetails.

Indicates mandatory field      Last Name     Enter the Last Name     Enter the Last Name     Enter the Last Name     Enter the Last Name     Enter Email Address     Enter Email Address     Enter FIN Code
Last Name Enter the Last Name Enter the Last Name Enter the Last Name Email Address Enter Email Address PIN Code • • Enter PIN Code
Last Name Enter the Last Name Enter the Last Name Email Address Enter Email Address PIN Code • • Enter FIN Code
Enter the Last Name Last Name Enter the Last Name Email Address Enter Email Address PIN Code • • Enter PIN Code
Last Name Enter the Last Name Email Address Enter Email Address PIN Code • • Enter FIN Code
Last Name Enter the Last Name Email Address Enter Email Address PIN Code Enter FIN Code
Enter the Last Name Email Address Enter Email Address PIN Code Enter PIN Code
Email Address Enter Email Address PIN Code Enter FIN Code
Enter Email Address  PIN Code  Enter FIN Code
FIN Code     Enter FIN Code
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O You can upload your photograph by taking a selfire with your devace camera

## 19))Enterdetailsof authorized signatory.

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Primary Authorized Sign	acory					
ersonal information						
First Name*	irst Name* Middle Name		e Last Name			
Enter the First Name		Enter the Middle	Name	Enter th	e Last Rinne	
ame of Father/Husband						
First Name*		Middle Name		Last Name	•	
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Date of Birth*		Mobile Number *		Emeil Adv	iress	
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Gender*		Telephone Number				
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esidential Address in Inc	fia					
Building No. / Flat No		Floor No.		Name of t	he Premise / Bu	ilding
Enter Building No. / Pat	190.	Enter Floor No.		Enter Pr	ermie / Building	
Road / Street *		Locality / Village*				
Enter Road / Street		Enter Locality / 1	Millage			
States		District .		Eth Code		
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ocument Upload						
Proof of appointment of Au	thorized Sign	atory*				
Select				•		
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• Maximum file size for up	food is 1 MB					
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Upload photograph (of pers	on whose info	mation has been (	viven above)*			
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Cardina and the first strength					photograph by takin	u your ug a selfie
					with your device	Castler a

## 20) Enterdetailsof principalplace of business.

		• Indicates m	andatory field
Details of Principal Place of Busine	In the Principal Place of Business tab page enter the details of the principal place of business	4. ess.	
Building No. / Flat No.*	Floor No.	Name of the Premise / Bu	ilding
Enter Building No. / Flat No.	Enter Floor No.	Enter Premise / Building	
Road / Street *	Locality / Village*		
Enter Road / Street	Enter Locality / Village		
State*	District •	PIN Code*	
Meghalaya	Select •	Enter PD4 Code	
contact information			13
Office Email Address*	Mobile Number*	Office Telephone Number	
Nature of possession of premises	* Document Upl	oad	
Nature of possession of premises	Proof of Princip	pal Place of Business*	
Select ·	Select		
	O File with PD	F or JPEG format is only allow	ed.
	O Maximum fi	ile size for upload is 1 MB	
	Choose File	No file chosen	
lature of Business Activity being c	arried out (You may select more that	n one)*	
Bonded Warehouse	EOU / STP / E	HTP	
Factory / Manufacturing	Input Service	Distributor (ISD)	
Z Leasing Business	Office / Sale O	ffice	
Retail Business	SEZ		
Service Provision	Service Recipie	ent	
	and second a second		

### 21) Enterdetailsof additionalplace of business.

And a state of the	and the second	er ovratoriut	10		st modified	Pri	arrite.
inrolment		17AABFOO	0597R1ZL	28	/10/2016	32	2%
Business Details	Promoter / Partners	8 Authorized Signatory	Principal Place of Business	Add place of business	Goods & Services	Bank Accounts	Verification
Details of Ad	ditional Place	es of your Busir	ness			• Indicates m	uandatory field
Address							
Building No.	/ Flat No.*	Flo	oor No.		Name of th	he Premise / Bu	d Sud
pplication	Туре	Provisional	ID	La	st Modified	P	rofile
inrolment		17AABFO	0597R1ZL	28	3/10/2016	3	2%
Tusiness Details	Promoter / Partmens	Authorized Signatory	Principal Place of Business	Add place of business	Goods & Services	Eank Accounts	Verification
Goods Details of Go Please specify Search HSN C	Services bods / Comm top 5 goods / hapter by Nam	odities supplied commodities sup ie or Code	d by the busine plied by you	b the Gor of the go Search HSN (	ode and Services tak node and commodifies	page, order the HSH your business deale	N Code s with.
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### 22) Enterdetailsof bankaccounts.

ccount Number*	CARD AND A DAMAGE STREET, NO. 1				
	Type of Account*		Others*		
Enter Account Number	ter Account Number Select				
nter Bank IFSC Code*		i Don't know y	our IFSC Code?	7	
Enter IFSC Code for Bank	GET ADDRESS	Click here to f	ind your bank		
				and the second se	
ank Name		Bank To search	tor IFSC Code of yo click the here link.	sur bank,	
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cument Upload		-			
supporting Document*					
Select					
Select	•				
File with PDF or JPEG formati	s only anowed.				

Indicates manda Indicates Indic	Add place of business	Principal Place of Business	Authorized Signatory	Promoter / Partners	1
I/We hereby solemnly affirm and declare that the information given herein above is true and correct to the lof my/our knowledge and belief and nothing has been concealed therefrom.         Authorized Signatory*       Place*         Select       *         Designation       Date*         28//10/2016					ation
of my/our knowledge and belief and nothing has been concealed therefrom.  Authorized Signatory*  Select  Designation  Date*  28/19/2016	rmation given h	re that the info	affirm and decla	iereby solemnly	I/We b
Authorized Signatory* Place* Select * Enter Place Designation Date* 210/10/2016	could than street		and the second sec		
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Designation Date*	Place*	g has been con	elief and nothin	knowledge and I Signatory*	ny/our l
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23) Submitdetailswith DSC/E-Signature.

I/We hereby solemn hy/our knowledge and l	ly affirm and declar belief and nothing h	e that the inform as been conceale	ation given herein above is tr d therefrom.	ue and correct to the best	of
ithorized Signatory*			Place*		
Ravi [AALFP2500M]		•	Bangalore		
esignation			Date		
Manager			07/10/2016		m
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1/We hereby sol my/our knowledge a		to the best of
Authorized Signaton	Warning	
Han (AALFF2500)	These informations are being collected under the Provisions of the Proposed Goods and Services Tax Act, 2016. Since All filled information along with annexise are subject to writing the GST regime. Therefore, in case of	
Designation	misleading / wrong / incorrect information with / without evidence shall attract	
Manager	provisions of cancesation as per the Provisions of Proposed Goods and Services Tax Act, 2016	m
	CANCEL PROCEED	SUBMIT

### 24) SelectDSCfrompopup windowand sign.

/erification	Goods and	Services Tax		Digital Signatu	re Signer	
I/We hereby solem my/our knowledge and	Content To San					o the best of
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Authorized Signatory*	Select Certificate	The GST Digital Signa	ture Signer window o	opens		
Designation	Conmon Name 632097 AALFP2500M	Issuer Name SAF SSD User Sub CA e-Mudhra Sub CA for	Serial No 448057425800058056 2000001255	Expry Date 521 08-10-2016 12-09-2018		
Manager	-				-	
	Cancel		View Certi	Noate S	ign phillipping	SUBMIT
				Retrieving ins	stalled digi	tal signatures

Goods and Ser	vices Tax	COM PRAKASH AGARWALA-
Dashboard + Help +		
Success Thank you for submission. System will verify / validate the	information submitted after which acknowledgement will be sent in r	next 15 minutes.
	Once your application is successfully submitted, a unique Application Reference Number (ARN) is generated. Note this ARN for future correspondence	

25) Onsuccessful submission it will show message on screen and you will receive notification with unique application reference number (ARN) on your registered email address and mobile phone number.

Goods and Ser	CM PRAKASH AGARWALA	
Danhboard - Help -		
Success Thank you for submission. System will verify / validate the	information submitted after which acknowledgement will be sent in nex	d 15 minutes.
	Your application is successfully submitted. You will receive a notification with unique Application Reference Number or your registered e-mail address and mobile phone number.	