

▪ **Employer's Registration on the NCS Portal (www.ncs.gov.in)**

A. Basic details of the organization:

1. Organization is registered with **Economic census/LIN/MCA/MSME/Others** (plz **V** the appropriate)
2. Registration Number : _____
3. Name of the Organization: _____
4. Former Registered Name, if any _____
5. Type of organization: _____ (Private)
6. Sector(s): _____
7. Registered Office address: _____
City/ Village: _____
Sub-District/Taluka/Tehsil: _____
District: _____ State: _____
PIN code: _____ Mobile no.: _____
8. Organization's email: _____
9. Organization's URL/Website, if available : _____
10. Organization's PAN: _____
11. Year of Incorporation : _____
12. Area of Operations : _____ (District/State)
13. Mention if **PROPRIETARY** : _____ (Yes/No)

B. contact details of the Contact person (Head/ Owner)

14. Unique Identification Id of the Owner/ Head: **Aadhar/PAN** (plz **V** the appropriate)
15. Unique Identification ID number: _____
16. Person's Name(as per UID): _____
17. Father's /Guardian's Name : _____
18. Date of Birth : _____ (DD-MM-YYYY)
19. Gender : _____ (Male/Female)
20. Mobile Number: _____
21. Email address: _____
22. Contact person's Designation : _____
23. Choose your USER ID: _____ (to be checked with the NCS portal)
24. Choose your Password: _____ (Min. 8 character, alpha-numeric)
25. NCS ID (as generated) _____



Toll Free Helpline 1800-425-1514

Timing: Tue-Sun 08:00 AM to 08:00 PM