

Office of Divisional Commissioner

District :

ZERO TOLERANCE ZONE :

Agency - COMMERCIAL TAXES

Ver - 1.4

Basic Data [* Marked field must be filled up]

Business Unit Name _____

Addr : Road Name / Number _____

Proprietor's Name _____

Ward No. : *

Holding No. : *

Estt. / Shop No. : *

PAN No of Owner : PAN

Not Available (NA) Not Provided (NP)

1. Date of Inspection / Survey / / *

2. TIN Status TIN NO

Un-Registered (UR)

Registration Not Required (NR)

Registration Expired (RE)

3. CST Status CST NO

Un-Registered (UR)

Registration Not Required (NR)

Registration Expired (RE)

4. Nature of Trade (1-Wholesale, 2-Retail, 3-Distributor, 4-Manufacturer, 5-Importer 6-Other)

5. Trade Items

6. Action recommended u/s Section 28 (1)

u/r Rule 65

No action required

7. Penalty Imposed Penalty Date / /

8. New Registration

*Name, Designation &
Signature of Inspecting Authority*