

**WAY BILL**  
 [See sub-rule (3) of rule 79]  
**IN TRIPLICATE**  
 ( For official use only )

01. Address of the issuing officer  
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Authenticated by \_\_\_\_\_  
 Full signature \_\_\_\_\_  
 Seal

D	D		M	M		Y	Y	Y	Y
		-			-				

Book No..	Way Bill No.

02. Name and address of the dealer to whom issued

03	TIN																		
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04	CST																		
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( To be filled in by the dealer )

04 Name and address of the consignor of goods

05	TIN																		
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05 Place from which consigned/State  
 (Address)

06 C.S.T. No. of the consignor

07. Date of despatch of the goods	
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08 If the place to which the goods are consigned or from which the goods are consigned is outside the State, please indicate the name of the exit checkgate or entry checkgate.
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- 09 If the consigner is despatching or transporting the goods-
- (a) in pursuance of a sale for delivery to the buyer; or
  - (b) after purchasing them; or
  - (c) from one branch or godown to another branch or godown; or
  - (d) from the factory, branch, shop or godown to an agent for sale; or
  - (e) to his principal having purchased the goods in his behalf; or
  - (f) to his agent for sale on consignment basis; or
  - (g) to be used in the execution of works contract; or
  - (h) in pursuance of an agreement to transfer the right to use.

(Strike-out whichever is not applicable)

10 Name and address of the consignee of the good
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11 Full address of the place to which consigned
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12	TIN																		
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CST																			
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(The above information relates to consignee)

13. Description, quantity and value of goods consigned

Sl.No.	Commodity		Inv. No./Date	Quantity	Value	Remarks
	Description	Code				

( Use additional sheet if required)

14. Registration number of the vehicle or carrier in which goods are consigned

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15. Name and address of the owner of the vehicle or carrier by which goods are consigned. (If the goods are carried by a transporter, the name and address of the office/godown to which the goods are dispatched may also be indicated)

Name and address of the owner of the vehicle or carrier

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Name and address of the transporter with office/godown to which goods are dispatched

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Transport Document No.

16.

**VERIFICATION**

I \_\_\_\_\_ as the (Status) \_\_\_\_\_

of M/s. \_\_\_\_\_, the consignor/consignee of the goods covered in this

waybill do hereby solemnly affirm that the particulars furnished above are true and correct to the best of my knowledge and belief.

Date \_\_\_\_\_

Signature  
Seal