APPLICATION, ISSUE AND RECEIPT OF TRANSIT PASS [See sub-rule (1) of rule 83]

Part I

01. Name	and address of	the entry chec	ckgate	D D M	M Y Y Y Y
Seal			Signature esignation		
	ed in by the o			or person in-charge	of the vehicle carrying th
02. Date or	n which reporte	ed at the check	gate	D D M	1 M Y Y Y Y
03. Time o	f report			A.M./P.	M.
	and full addres				
05. Descrij	otion of the goo	ods, quantity a	nd its value		
Sl.No.	Commodity		Quantity	Value	Inv.No./Date
	Description	Code No.			
		(Us	e additional she	et if required)	

- 06. Name, address, TIN of the consignor
- 07. Name, address, TIN of the consignee
- 08. Registration No. of the vehicle in which the goods are transported

10. Name of exit checkgate in the State					
11. Probable date and time of reporting at the exit checkgate D D M M Y Y Y Y AM/PM					
DECLARATION					
I, Sri, owner of the goods/person in charge of the goods/driver of the vehicle do hereby declare that the information furnished above are true and correct. I further declare that the goods under transport shall not be unloaded, delivered or sold in the State.					
Date Signature in full Name & Status)					
Part II					
TRANSIT PASS D D M M Y Y Y Y					
The vehicle bearing registration number is allowed to exit through the State. It will report at checkgate at about A.M./P.M. to exit the State.					
SALES TAX OFFICER Checkgate (ENTRY) To be generated in duplicate Seal					
Part III					
No AM/PM D D M M Y Y Y Y					
of checkgate , which was issued to vehicle bearing registration number, carrying goods as mentioned in Part I					
Received SALES TAX OFFICER ————————————————————————————————————					
Full signature Person in charge of the goods/ owner of the goods / Driver of the vehicle.					

09. Name of the Transport Agency, if any