FORM VAT-30 C

[See rule 52]

Register of Applications for Refund of Tax

Year					District					_	
Sr.No.	Name & Address of the person	Name of organisation claiming refund	Date of applica tion for refund	Period for which refund is claimed	Amount of refund applied for	Amount, if any, ordered to be refunded	Name and designatio n of the officer allowing the refund	Meth od of refun d	Number and date of issue of Refund Voucher	Signature of the officer issuing order	Remarks
1.	2.	3.	4.	5.	6.	7.	8.	9.	10.	11.	12.