[See rule 54(1)]

DECLARATION FOR IMPORTS BY REGISTERED DEALERS

(TO BE FILLED IN INK)

											Counter Foil										
	Book No.		П	Ţ					\Box)
	S. No. Name of the office issu	led_					Ш	Ш													
	Date of issue	(DD	/ MM	' / YY	/YY) [$\overline{}$	\neg	Т	$\neg \vdash$	Т	T	$\overline{\Box}$								_
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	The In-charge Check-P	ost_											_								
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	/ us from outside the S																				
	payment of tax as per	law to												- \							
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1.	Consignor Name	\blacksquare	+	+	╄		Н	\dashv	4	_	╄	┡	H	+	-	\vdash	+	╀	Н	\dashv	
2.	Registration Number (TIN)	╫	十	十	$\frac{1}{1}$	뮈	버	+	+	十	╁							ш		_
3.	Address	• • •	ш									_									
	Bldg. No/ Name/ Area								\perp												_
	Town/City		Ш							Ţ			Ц			Ш	Ţ				_
	District (State)		Щ				\Box	Ш	$\underline{\underline{I}}$	Ţ			Щ	\perp		Щ	\perp		Ц		_
	Pin Code Telephone Number(s)		╫	_	_		Ēm	nail	ld [+	_	F\\	L (No				+	Н	Ц	+	_
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4.	Consignee Name	H	Н	+	╀	\vdash	Н	\dashv	+	+	╀	╁	Н	+	╁	Н	┿	+	Н	+	_
5.	Registration Number (T	TIN)	П	T	T	T	Т	П	\exists	T	T	†							_		_
6.	Nature of the transaction	on- Tid	ck ap	prop	riate	e bo)X					_									
	Consignment; or	[Depo	ot Tr	ans	fer;	or				Inte	er-St	ate s	sale	; or					
	Any other nature.		se De	escril	be_																
7.	Description of the good			h	le ·	- t						14/	ا جا جاء		_	Г	- ممانا	to al	O41-	011	_
	Name of the commodity				No. of packages / boxes							Weight value					tıma ticu	ted lars	υth	er	
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	stated above in PART-A														thin						
	I also undertake the re	spons	ibility	/ to g	get f	illec	d up	PA	RT-	·B fro	om	the	con	sign	or						
																		Sign	natu	re	
							Se	al													
	PAF	RT – E	3 (To	be f	illec	d in	by t	he (con	sign	or o	or pe	erso	n au	thor	ised))				
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	2. Invoice No. / Challa		_							Ī	Ť	İ	Ħ	Ť	j						
	3. Date of. Invoice / C	Challa	n <i>(DD</i>	/ MM /	YYY	Y)]	_						
	4. Stamp of Name and	d Addı	ess (of the	e Ca	arrie	r [-					7		
	Transport co. or own	ner of t	the ve	ehicl	e)																
	5. Registration No. of the vehicle																				
	Date :																Siç	ınatı	ıre		
	Place :							ıll na atus		of C	ons	ign	or or	per	son	auth	oris	ed):			
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/ us from outside the State for purposes mentioned in rule 54, and hold myself / ourself payment of tax as per law to the Government on the sale thereof Part -A (To be filled in by the Consignee) 1. Consignor Name 2. Registration Number (TIN) 3. Address Bldg. No/ Name/ Area Town/City District (State) Pin Code Telephone Number(s) 4. Consignee Name 5. Registration Number (TIN) 6. Nature of the transaction- Tick appropriate box Consignment; or Any other nature. Please Describe 7. Description of the goods	LERS				- 1								
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7. Description of the goods	Consignment; or Depot Transfer; or Inter-State sale; or												
	Description of the goods												
Name of the commodity No. of packages / boxes Weight particul	bove P	etween	etween	elow tr									
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20		ds carrie	Value of Goods carried is between Rs.	Value of Goods carried is between Rs.	Value of Goods carried is below than								
Declaration	Any other nature. Please Describe Description of the goods Name of the commodity No. of packages / boxes Pelaration Declaration June 10 June												
00 declare th	at the facts	Value	Value	Value	Value								
I also undertake the responsibility to get filled up PART-B from the consignor	stated above in PART-A are true to the best of my knowledge and belief and nothing has been concealed.												
	Funch .	Punch .	Funch .	nnch.									
Seal PART R (To be filled in by the consigner or person authorized)													
PART – B (To be filled in by the consignor or person authorised) 1. Price / estimated value of goods in Rs.			5.00 lac										
2. Invoice No. / Challan No. (Enclose)	. Invoice No. / Challan No. (Enclose)												
3. Date of. Invoice / Challan (DD / MM / YYYY) 4. Stamp of Name and Address of the Carrier													
(Transport co. or owner of the vehicle)	ı			2000	than								
5. Registration No. of the vehicle	<u> </u>	Abo	يُّ unch	ج آ	less								
	nature	mid app	middle of the appropriate coloumn										
Place : Full name of consignor or person authorise Status Punch Month of Use 1 2 3 4 5 6 7 8 9 10		acc	oloui ordin valu	g to									