

FORMS VII
(See sub-rule (8) of rule 19)

Verification of Collections and Refunds

Name of Treasury-----
To -----

Period: From -----

Description	As per Commercial Tax Department Register	As per Treasury Register
(A)DETAILS OF COLLECTION (a)Under VAT Act (1) Tax Collection (2) Penalty (3) Registration Fees (4) Other Receipts Total (b)Under C.S.T. Act (1) Tax Collection (2) Penalty (3) Registration Fees (4) Other Receipts Total TOTAL COLLECTION (B)AMOUNT OF REFUND (C) NET COLLECTION		

Signature of Assistant Commissioner
Officer
 (Stamp)
Date-----

Signature of Treasury
 (Stamp)
Date-----