

GOVERNMENT OF ANDHRA PRADESH  
COMMERCIAL TAXES DEPARTMENT

**FORM VAT 309**

VAT VISITING OFFICER WEEKLY PROGRAMME

Name of the Officer ..... Circle ..... Division .....

MONDAY	VAT dealers name	TIN	Address	Telephone No.
	_____	_____	_____	_____
			_____	
			_____	
			_____	
			_____	
			_____	
			_____	
			_____	

Date :  
Times :

TUESDAY	VAT dealers name	TIN	Address	Telephone No.
	_____	_____	_____	_____
			_____	
			_____	
			_____	
			_____	
			_____	
			_____	
			_____	

Date :  
Times :

WEDNESDAY	VAT dealers name	TIN	Address	Telephone No.
	_____	_____	_____	_____
			_____	
			_____	
			_____	
			_____	
			_____	
			_____	
			_____	

Date :  
Times :

THURSDAY	VAT dealers name	TIN	Address	Telephone No.
	_____	_____	_____	_____
			_____	
			_____	
			_____	
			_____	
			_____	

Date :  
Times :

FRIDAY	VAT dealers name	TIN	Address	Telephone No.
	_____	_____	_____	_____
			_____	
			_____	
			_____	
			_____	
			_____	

Date :  
Times :

SATURDAY	VAT dealers name	TIN	Address	Telephone No.
	_____	_____	_____	_____
			_____	
			_____	
			_____	
			_____	
			_____	

Date :  
Times :

Complete in Duplicate

**Signature of the Officer**  
Designation, Stamp & Seal