

THE MEGHALAYA VALUE ADDED TAX RULES, 2005

FORM – 17
(See Rule – 29)

(Statement of goods transported into Meghalaya)

ORIGINAL

REVISED

Name of Transporter/Carrier/Transporting Agent _____

Month and year: _____

Registration certificate number

Sl. No.	Vehicle No.	Date and time of arrival of vehicle	Manifest Number and date	C.N. number and date	Name of the consignor	Name of the consignee with full address	Commodity
1	2	3	4	5	6	7	8

Quantity	Value	Invoice/Bill/Challan No. and date	Delivery note number	Date of giving delivery	Date of countersignature of the delivery permit	Amount of security paid to any authority of the Taxation Deptt. with details.	Remarks
9	10	11	12	13	14	15	16

Place _____

Date _____

**Signature of the Principal Officer/Manager
Of the Transporter/Carrier/Transporting
Agent.**