

**APPROVAL OF REFUND CLAIM BY COMMISSIONER /
DY. COMMISSIONER TO TOT DEALERS / OTHERS**

01. Tax Office Address:

Date Month Year

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02	GRN				/OTHERS
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03. Name : _____
Address: _____

The above dealer filed an application on * Form TOT 030 Dated _____ for an amount of Rs. _____ (Rupees _____) as Refund from the Commercial Taxes Department in pursuance of Order of Assessment / Revision / Appeal / Cancellation of Registration/others.

As the refund amount is Rs. _____ which is more than Rs. _____ approval may be given for sanction of refund to the above dealer.

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

(* Strike off which is not applicable)

Note:- Complete in triplicate.

On scrutiny of the application:

- * The refund claim has been accepted
- * The refund amount is restricted to Rs. _____ (Rupees _____) for the reasons

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- * The refund claim is rejected for the reasons

Commissioner / Dy. Commissioner