GOVERNMENT OF ANDHRA PRADESH COMMERCIAL TAXES DEPARTMENT

FORM VAT 302

MISCELLANEOUS VISIT REPORT

WIISCELL	ANEOUS VISII REPURI	Circle
1. Name of VAT Dealer		Division
2. TIN		
3. Address(es) visited		
4. Person(s) interviewed		
5. Date and time of visit from	to	
Person(s) interviewed		
Date and time of visit		
Result of visit (Record essential detail	ils of checks completed)	
		Date:
	Officer's Name:	
	Officer's Signatur	e·