

**GOVERNMENT OF JHARKHAND
COMMERCIAL TAXES DEPARTMENT**

TRANSIT PASS
[See Rule 43(2)]

ORIGINAL / DUPLICATE / TRIPLICATE

Date Month Year

Office Address/Check Post

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Serial Number:

	Particulars	
1.	Time and Date	
2	Registration Number of the Vehicle	
3	Destination (Place and State)	
4	Description of the goods	
5	Quantity	
6	Value	
7	L.R. No./C. Note No. and Date	
8	Name and address of the Owner/Transport Agency	
9	Serial Number of the Application in Form JVAT 119	
10	Name of the last check post in the State to be crossed by the vehicle with the expected time and date within which it should cross	

(Signature of the Officer-in-charge
Of the first check post)

This is to certify that the above vehicle crossed this last check-post at _____
(hour) on _____

Signature of the Officer-in-charge
Of the last check post)