

FORM VAT-30 A

[See rule 52]

REFUND ADJUSTMENT ORDER

RAO Serial Number:																																																																					
Place:							District																																																														
Firm name:																																																																					
Address of the firm																																																																					
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table>																																																																					
Registration No:						Date:																																																															
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Return details:																																																																					
Period :(Month & Year)																																																																					
Date of filing the return:						/																																																															
						/		2 0																																																													
Amount claimed for refund																																																																					
Amount approved for payment after recovery under Section ---																																																																					
Date of approval						/																																																															
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Validity of RAO:						/																																																															
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Assistant Excise and Taxation Commissioner																																																																					
FOR OFFICE USE ONLY																																																																					
CONFIRMATION OF REFUND AUTHORIZED								Refund Voucher No.: _____																																																													
Date of Approval _____								Dated: _____																																																													
Amount _____								Amount: _____																																																													
								Date refund Voucher Issued																																																													

<p>Interest, if any, U/s --- _____</p> <p>Asstt. Excise & Taxation Commissioner District _____</p>		<table border="1" data-bbox="885 235 1412 302"> <tr> <td></td><td></td><td>/</td><td></td><td></td><td>/</td><td>2</td><td>0</td><td></td><td></td> </tr> </table> <p>Designated officer</p>			/			/	2	0		
		/			/	2	0					