

APPLICATION, ISSUE AND RECEIPT OF TRANSIT PASS

[See sub-rule (1) of rule 83]

Part I

01. Name and address of the entry checkgate	
Seal	Signature Designation

D	D		M	M		Y	Y	Y	Y
		-			-				

(To be filled in by the owner of the goods or driver or person in-charge of the vehicle carrying the goods and, claiming to transit through the State)

02. Date on which reported at the checkgate

D	D		M	M		Y	Y	Y	Y
		-			-				

03. Time of report

_____A.M./P.M.

04. Name and full address of the destination place including the state of its location

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05. Description of the goods, quantity and its value

Sl.No.	Commodity		Quantity	Value	Inv.No./Date
	Description	Code No.			

(Use additional sheet if required)

06. Name, address, TIN of the consignor

07. Name, address, TIN of the consignee

08. Registration No. of the vehicle in which the goods are transported

