APPLICATION FORM FOR QUARTER WISE CLAIM UNDER STATE FREIGHT REFUND SCHEME 2018 (FOR THE STATE OF JAMMU AND KASHMIR)

FROM THE PERIOD FROM TO

- I. Name & full address of the Unit:
- 2. Registration No. under the scheme as Small/ Medium/ Large Enterprise with date
- 3. Whether New unit or existing Unit Undertaking Substantial Expansion
- 4. Installed capacity (As Assesed by I&C Deptt.):
- 5. GSTIN
- 6. Date of commencement of Production/Substantial Expansion
- 7. Quarter of Claim
- 8. Capacity utilisation quarter -wise:

1 st Quarter	2 ^{rr d} Quarter	3 rd Quarter

- 7. Nature of raw materials:
- 8. Nature of Finished Goods:
- 9. Particulars of finished products "Supplied" from Jammu and Kashmir to places outside the Jammu and Kashmir beyond 1000Km (as per **Annexure-I**):
- 10. Units of Electricity Consumed During the Quarter of claim:
- 11. No. and Date of toll Tax receipt of Toll Post Lakhanpur (Outward Supply of FG):
- 12. Date of E-way Bill Generation
- 13. Date of Material Received by the Consignee

Attach Annual Report Viz. Profit & Loss statement, Balance Sheet, Performance Report of the Company/ Project.

I/ We solemnly declare that the information given in the application and in the annexure here to are based on our records of genuine documents and are correct to the best of my/ our knowledge.

In case of these particulars, being found furnished falsely, the intention of misrepresentation or of concealing facts, I/ We shall legally be liable for all consequences.

Signature (Authorised Signature on behalf of the unit)

*The GM DIC will verify the checklist as per Annexure II, Annexure III of Government order no 411-FD of 2018 dated 25.09.2018 and issue the receipt of application

STATEMENT OF FINISHED PRODUCTS TRANSPORTED TO PLACES OUTSIDE THE JAMMU AND KASHMIR DURING

THE PERIOD FROM

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		2	Finished Product Details Description Qty Va
		٠,٠,١	roduct Do
		*	vails Value
TATOT		CA	Name & Address to Whom Sent
		.6	Mode of Transport
		7.	Bill No. / Debit Note
		00	R/R No. & Dt.
		9	Carryi Voucher No.
		5	Carrying Cost Paid cher Date A
			aid Amount
		- 2	Carrier Name
	1	ය	Fron
			0
		U	96 C
			Net Qty . Qtls.
			Remarks

Certified that all the particulars furnished in this statement have been carefully examined and verified by me with all relevant documents, have been found. to be correct.

Endorsed and countersigned by me.

Signature (Authorised Signature on behalf of the unit)