FORM-T-3
[See rule 5 (1)]

(In case of the detained goods receipt to be issued by the taxing authority or the Inspector-in-charge of the check post or barrier, as the case may be, to the owner or person-in-charge of the goods).

No.................................................. Book
No.............................................

Name of the barrier or check
District.................................
Post/office.
..............................................

1. Name and address of
the owner of goods
or his representative
or the driver or the
person-in-charge of
the goods.

2. Description of the mechanical vehicle,
cart, animal/human agency or any other
means in or on which the goods are
being carried.
..............................................

3. Description of the goods detained.
..............................................
4. Quantity ........................................ of ........................................ goods ........................................ detained.

Signatures of the owner of the goods or his representative or the driver of the mechanical vehicle in which goods are carried or the person-in-charge of the goods in token of acceptance of the receipt of the detained goods.

Signatures of the taxing authority or the inspector-in-charge of the check post or barrier.

Dated:......................................

(Where the owner of the goods or his representative or the driver or the person-in-charge of the goods refuses to accept the receipt of the detained goods).
1. Record the reasons, if any.................................................................

2. Shri................................................................. who is the owner or the representative of the owner of the goods, or the driver of the mechanical vehicle in which the goods are carried or the person-in-charge of goods has refused to accept the receipt of the detained goods of the description and quantity stated above in the presence of ........................................................................................................................................................................

....................

(1) (Name) Shri

........................................................................................................
Address
........................................................................................................

(2) (Name) Shri

........................................................................................................
Address
........................................................................................................

Name in full and signature of the authority, or
Above mentioned witnesses: the Inspector-in-charge of the check-

Signature of the taxing Post or Barrier.

1........................................................................................................

2........................................................................................................