FORM VAT-XXXV

[See rule 75(2) (ii)]

REFUND ADJUSTMENT ORDER

RAO Serial Number: _____

Place _____ District _____

Dealer's name :
Address of the firm _____

TIN _____ Date : _____

Gross amount approved for refund _____

Amount approved for adjustment as per this order _____

Date of approval __ __ / __ __ / 2 0 __ __

Return in which adjustment allowed _____

Date of filing the return __ __ / __ __ / 2 0 __ __

Validity of RAO __ __ / __ __ / 2 0 __ __

Assessing Authority,

Date: __ __ / __ __ / 2 0 __ __ District _____

(Seal)

FOR OFFICE USE ONLY

CONFIRMATION OF REFUND AUTHORISED

Date of Approval _____

Amount _____

Asstt. Excise and Taxation Commissioner/ Excise and Taxation Officer Incharge, District _____

Refund payment order _____

Date: _____

Amount _____

Date of refund order __ __ / __ __ / 2 0 __ __

Assessing Authority,