FORM VAT-30 B

[See rule 52]

Register of applications for Refund of Tax

Year_____ **District**_____

Sr	Name and Address of the Person	VRN/TRN Number of the person	Date of application for refund	Date of order of assessment or where an appeal was preferred, the date of passing of order by the appellate authority	Period of assessment for which refund is claimed	Amount of refund applied for	Amount, if any, ordered to be refunded	Name and designation of the office allowing the refund	Method of refund	Number and date of issue of Refund Voucher or Refund Adjustment Order	Signature of the officer issuing order	Period of adjustment towards which the adjustment is made	Remarks
1.	2.	3.	4.	5.	6.	7.	8.	9.	10.	11.	12.	13.	14.