

**Form VAT-36**

(See rule 65 and 66)

**Declaration for transport of goods to and from the Union Territory of  
Chandigarh  
ORIGINAL FOIL**

1. Date of issue \_\_\_\_\_ Serial No.  
\_\_\_\_\_

2. Name & Address of the dealer to whom issued  
\_\_\_\_\_

3. VRN/ TRN of the dealer to whom issued:  
\_\_\_\_\_

4. Particulars of the Issuing Officer

Name \_\_\_\_\_ District \_\_\_\_\_ Ward  
\_\_\_\_\_

Signature

(Seal of the issuing authority)

(The above entries to be filled in by the issuing authority)

5. Description of the Union Territory, Chandigarh dealer sending goods from Union Territory, Chandigarh or receiving goods in the Union Territory, Chandigarh

Name:

\_\_\_\_\_

Address:

\_\_\_\_\_

\_\_\_\_\_

VRN : \_\_\_\_\_

6. Description of the person to whom goods are sent or from whom goods are received by the Union Territory, Chandigarh dealer

Name:

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Address:

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TIN

No.

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7. Nature of transaction: (sale / consignment/ branch transfer/ job work and like)

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8. Description, Quantity and value of goods

SI No.	Description		Invoice/Challan No. and date	Quantity	Value of goods (Rs.)	
	Code	Name			In figures	In words

Total value of goods \_\_\_\_\_

(Please use the reverse side if the names of the commodities are more)

9. Name and address of the transport company / owner of the vehicle by which the goods are consigned:

Name:

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Address:

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9A

Vehicle

No.:

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9B GR No. and Date:

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## DECLARATION

I / We declare that I / we am / are registered dealer under the Punjab Value Added Tax Act, 2005 as extended to Union Territory, Chandigarh, holding VRN \_\_\_\_\_ and the statements made are correct to the best of my/ our knowledge and belief.

Name of the dealer  
Signature of proprietor /  
partner/ authorized person  
with stamp

**ORIGINAL FOIL (Reverse side of Form VAT- 36)**

8. Description, Quantity and value of goods

SI No.	Description		Invoice/Challan No. and date	Quantity	Value of goods (Rs.)	
	Code	Name			In figures	In words

Total value of goods in figures \_\_\_\_\_

In words \_\_\_\_\_

Name \_\_\_\_\_ of \_\_\_\_\_ the \_\_\_\_\_ dealer:

\_\_\_\_\_  
Signature of Proprietor / Partner / authorized person with stamp:

\_\_\_\_\_  
Code and Name of the Information Collection Centre

Date of Endorsement: Date \_\_\_\_\_ Month \_\_\_\_\_  
Year \_\_\_\_\_

Signature of the endorsing  
VAT officer / Inspector  
(Seal)

**Form VAT -36**

(See rule 65 and 66)

**Declaration for transport of goods to and from the Union Territory of  
Chandigarh**

DUPLICATE FOIL

1. Date of issue \_\_\_\_\_ Serial No.

\_\_\_\_\_

2. Name & Address of the dealer to whom issued

\_\_\_\_\_

3. VRN of the dealer to whom issued: \_\_\_\_\_

4. Particulars of the Issuing Officer

Name \_\_\_\_\_ District \_\_\_\_\_ Ward

\_\_\_\_\_

Signature

(Seal of the issuing authority)

(The above entries to be filled in by the issuing authority)

5. Description of Union Territory, Chandigarh dealer sending goods from  
Union Territory, Chandigarh or receiving goods in Union Territory, Chandigarh

Name:

\_\_\_\_\_

Address:

\_\_\_\_\_

\_\_\_\_\_

VRN : \_\_\_\_\_

6. Description of the person to whom goods are sent or from whom goods  
are received by Union Territory, Chandigarh dealer

Name:

\_\_\_\_\_

Address:

\_\_\_\_\_

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TIN

No.

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7. Nature of transaction: (sale / consignment/ branch transfer/ job work and like)

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8. Description, Quantity and value of goods

SI No.	Description		Invoice/Challan No. and date	Quantity	Value of goods (Rs.)	
	Code	Name			In figures	In words

Total value of goods \_\_\_\_\_

(Please use the reverse side, if the names of the commodities are more)

9. Name and address of the transport company / owner of the vehicle by which the goods are consigned:

Name:

\_\_\_\_\_

Address:

\_\_\_\_\_

9A \_\_\_\_\_ Vehicle \_\_\_\_\_ No.:

9B \_\_\_\_\_ GR \_\_\_\_\_ No.& \_\_\_\_\_ Date:

\_\_\_\_\_

**DECLARATION**

I / We declare that I / we am / are registered dealer under the Punjab Value Added Tax Act, 2005 as extended to the Union Territory, Chandigarh, holding VRN \_\_\_\_\_ and the statements made are correct to the best of my/ our knowledge and belief.

Name of the dealer  
Signature of proprietor / partner/ authorized person with stamp

**DUPLICATE FOIL (Reverse side of Form VAT- 36)**

8. Description, Quantity and value of goods

SI No.	Description		Invoice/Challan No. and date	Quantity	Value of goods (Rs.)	
	Code	Name			In figures	In words

Total value of goods in figures \_\_\_\_\_

In words \_\_\_\_\_

Name \_\_\_\_\_ of \_\_\_\_\_ the \_\_\_\_\_ dealer:

\_\_\_\_\_

Signature of Proprietor / Partner / Authorized Person with stamp:

\_\_\_\_\_

Code and Name of the Information Collection Centre

Date of Endorsement: Date \_\_\_\_\_ Month \_\_\_\_\_

Year \_\_\_\_\_

Signature of the endorsing  
VAT officer / Inspector  
(Seal)