

FORM 202 C
(List of Purchases)
See sub-rule (3) of rule 19

List of purchase of goods in the State

Registration Certificate No. :

Name and style of Business : .

Tax Period From : / / To / /

A. List showing Purchases of goods.

Sr. No.	Retail Inv. No (if any)	Date	Name of the Person/dealer from whom goods Purchased		Turnover of Purchases of goods	
			Name	R.C.No (if any)	Goods with HSN	Amount (Rs.)
1						
Total						

DECLARATION

I, _____ (name in CAPITALS), hereby declare that the contents of the above lists and tables are true and correct and nothing has been concealed therein.

(X)

Full signature of the
authorised signatory

Place : :

Name :

Date : : / /

Status :

Note : An authorized person alone shall sign each page of this list. A list signed by any person not authorised or an unsigned list shall be treated as invalid.