DEPARTMENT OF TRADE AND TAXES GOVERNMENT OF NATIONAL CAPITAL TERRITORY OF DELHI

FORM GE-II

1.1 GEID															
1.2 Name of							•	•			•				
the overnment															
Entity															
					- 12										
						'	\								
2. TIN (if register	od ac a c	loalor													
Z. TIN (II Tegister	eu as a t	lealei													
									-	<u> </u>					
									To	be a	auto-	-popu	llated	I	
3. Period to which	h return	pertai	ns												

3.1 Financial Year	
3.2 Quarter	

Select V	—	Drop down box with options 2015- 16, 2016-17, 2017-18 onwards
Select		



Drop down box with options 1st Qtr (1st April- 30th June), 2nd Qtr (1st July- 30th September), 3rd Qtr. (1st October- 31st December), 4th Qtr (1st January- 31st March)

4. Details of purchase made for consumption or use (other than for the purpose of making sales)													
Date of Invoice	Invoice number	Seller's TIN	Seller's Name	Description of goods/ Item purchased	Rate of Tax under the DVAT Act	Purchase amount (excluding VAT Rs.)	Amount of VAT mentioned on the Invoice (Rs.)						
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)						

·				
*				
	l.		Total	

^{*}Additional rows as per the requirement may be added

To be auto-populated

5. Verification*

I/We hereby solemnly affirm and declare that the information given hereinabove is true and correct to the best of my/our knowledge and belief and nothing has been concealed therefrom. It is also confirm that the sellers mentioned in field 4 above, have certified deposit of due VAT on above purchases.

Name							
Designation							
Contact No.							
E-MAIL ID							
Office Address							

To be auto-populated

^{*}The verification is to be done by the person whose details have been submitted in field 6 of Form GE-I

Place										
Date										
	Da	ау	ı	Month		١				