Department of Trade and Taxes
Government of NCT of Delhi

Form DM 01

[See notification under section 16(12)]

Application Form for opting Composition by an eligible drugs and medicine dealer in respect of scheme as notified by Government under sub-section (12) of section 16

Ward No. | |

1. TIN												

2. Full Name of Applicant Dealer													

3. Full Address of Dealer													

4. Year for which the composition scheme is sought*					-				

* hereinafter referred to as "current year"

5. Turnover in the preceding year (Rs.)								

6. Estimated Turnover in the current year (Rs.)								

7. Tax payable on opening stock held on the first day with effect from which scheme is being opted

Fair market value* or Purchase Value of the opening stock (whichever is higher) (Rs.)						Tax payable (Rs.)					

8. Details of Tax paid as per the details at (7) above

Description	Details									
(i) Amount of tax paid* (Rs.)										
(ii) Date of Deposit			/			/				
	dd			mm			yyyy			
(iii) Challan No. if any										

(* Please attach original challan / proof of deposit)

Name and signature of applicant / authorized signatory

9. 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.

Signature of Authorised Signatory _____

Full Name *(first name, middle, surname)* _____

Designation _____

Place																				

Date							
	Day		Month		Year		