Department of Trade and Taxes

Government of NCT of Delhi

**Form DVAT 35B**

*[See Rule 43]*

**Account of Declaration Forms DVAT 34 / DVAT 35**

*For the period \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

**1. Form DVAT 34**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Date of | Sl. No. | Name and Address of | Description of | Value of | Retail Invoice |  |
| Issue | Issued | the person to whom | goods in respect | goods (Rs.) | No. |  |
| (mm/dd/yy) |  | issued | of which issued |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| 1 | 2 | 3 | 4 | 5 | 6 |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

**2. Form DVAT 35**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Date of | Sl. No. | Name and Address of | Description of | Value of | Seller’s |  |
| Issue | Issued | the person to whom | goods in respect | goods (Rs.) | Invoice/Retail |  |
| (mm/dd/yy) |  | issued | of which issued |  | Invoice No. |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| 1 | 2 | 3 | 4 | 5 | 6 |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

**3. Forms utilisation summary**

|  |  |
| --- | --- |
|  | **Form 34** |
|  |  |
|  | Unused forms at the beginning of the period |
|  |  |
| **+** | Received from Value Added Tax department during the period |
|  |  |
| **-** | Issued during the period (as per details provided above) |

* Surrendered to Value Added Tax department during the period

**=** Closing balance of forms carried to next period

**Form 35**

**4.** Verification : I/We \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ hereby solemnly affirmand 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/Status \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Place

Date

|  |  |  |
| --- | --- | --- |
| Day | Month | Year |