

**GOVERNMENT OF JHARKHAND
COMMERCIAL TAXES DEPARTMENT**

TRANSIT PASS

[See Rule 43(2)]

ORIGINAL / DUPLICATE / TRIPLICATE

| |
|--|
| Office Address/Check Post |
|--|

| | | |
|------|-------|------|
| Date | Month | Year |
| | | |

| |
|----------------|
| Serial Number: |
|----------------|

| | Particulars | |
|----|--|--|
| 1. | Time and Date | |
| 2 | Registration Number of the Vehicle | |
| 3 | Destination (Place and State) | |
| 4 | Description of the goods | |
| 5 | Quantity | |
| 6 | Value | |
| 7 | L.R. No./C. Note No. and Date | |
| 8 | Name and address of the Owner/Transport Agency | |
| 9 | Serial Number of the Application in Form JVAT 119 | |
| 10 | Name of the last check post in the State to be crossed by the vehicle with the expected time and date within which it should cross | |

(Signature of the Officer-in-charge
Of the first check post)

This is to certify that the above vehicle crossed this last check-post at _____
(hour) on _____

Signature of the Officer-in-charge
Of the last check post)