

City/Town/ Village/Locality		District	
Block/Taluka			
State		PIN	
3. Reason for Cancellation			
4. Have you issued any tax invoice during GST regime? YES <input type="checkbox"/> NO <input type="checkbox"/>			
5. Declaration			
(i) I <Name of the Proprietor/Karta/Authorised Signatory>, being <Designation> of <Legal Name ()> do hereby declare that I am not liable to registration under the provisions of the Act.			
6. Verification			
I <> hereby solemnly affirm and declare that the information given herein above is true and correct to the best of my knowledge and belief and nothing has been concealed.			
Aadhaar Number		Permanent Account Number	
Signature of Authorised Signatory			
Full Name			
Designation/Status			
Place			
Date		DD/MM/YYYY	

**Form GST REG-30***[See rule 25]***Form for Field Visit Report**

Center Jurisdiction (Ward/Circle/Zone)

Name of the Officer:- << to be prefilled>>
Date of Submission of Report:-
Name of the taxable person
GSTIN/UIN –
Task Assigned by:- < Name of the Authority- to be prefilled>
Date and Time of Assignment of task:- < System date and time>

Sr. No.	Particulars	Input
1.	Date of Visit	
2.	Time of Visit	
3.	Location details :	
	Latitude	Longitude
	North – Bounded By	South – Bounded By
	West – Bounded By	East – Bounded By
4.	Whether address is same as mentioned in application.	Y/N

5.	Particulars of the person available at the time of visit	
(i)	Name	
(ii)	Father's Name	
(iii)	Residential Address	
(iv)	Mobile Number	
(v)	Designation/Status	
(vi)	Relationship with taxable person, if applicable.	
6.	Functioning status of the business	Functioning - Y/N
7.	Details of the premises	
	Open Space Area (in sq m.) - (approx.)	
	Covered Space Area (in sq m.) - (approx.)	
	Floor on which business premises located	
8.	Documents verified	Yes/No
9.	Upload photograph of the place with the person who is present at the place where site verification is conducted.	
10.	Comments (not more than < 1000 characters>  <div style="display: flex; justify-content: space-between;"> <div> Place:  Date: </div> <div> Signature  Name of the Officer:  Designation:  Jurisdiction: </div> </div>	

[F. No. 349/58/2017-GST]

Dr. SREEPARVATHY S. L., Under Secy.