

¹[FORM SBY-04

Acknowledgment

Applicant's Name:

SBY-UIN:

Acknowledgement Number :

Applicant's Name :

Your application for reimbursement is hereby acknowledged against

Reimbursement Claim Details			
Claim Period			
Date and Time of Filing			
Amount Claimed	Central Tax	Integrated Tax (50% of the Integrated Tax paid)	Total

Date:

Place:

(Signature of nodal officer)

Name of the nodal officer:

Designation of the nodal officer:]

¹ Inserted by Circular No. 75/49/2018, dt. 27-12-2018.