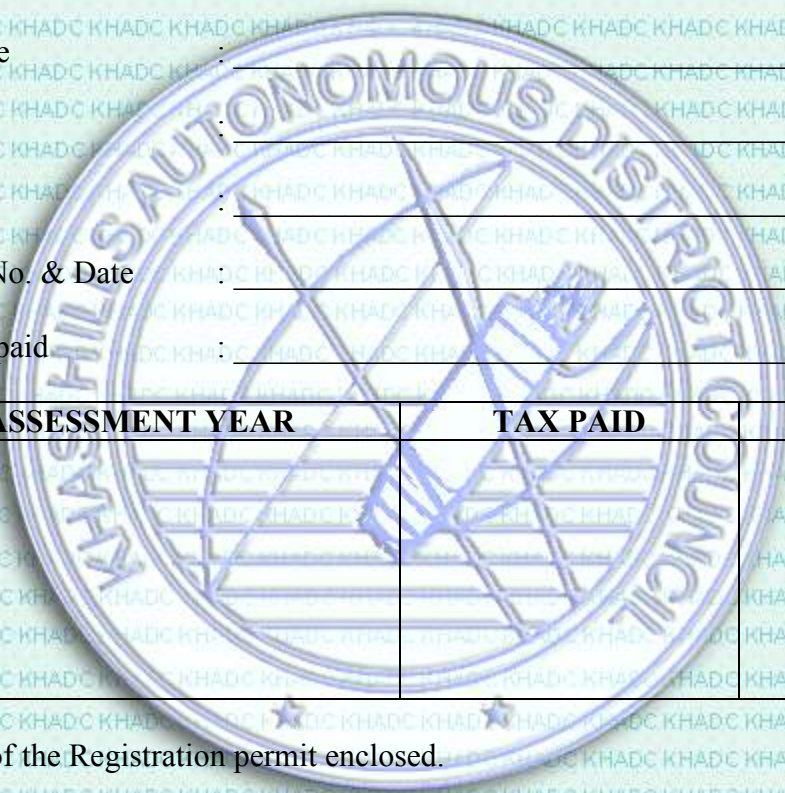


DECLARATION OF THE ASSESSMENT OF TAX ON PROFESSIONS, TRADES ETC. TO BE PRODUCED BY THE TRANSPORT OPERATORS.

(TO BE FILLED IN BY THE APPLICANT/DECLARANT)

1. Name of the Owner : _____
2. Father's / Husband name : _____
3. Business Address: Village/ Town : _____
P. O. : _____
District: _____
4. Vehicles Registration No. : _____
5. Permit No. & Date : _____
6. Loading Capacity : _____
7. Seating capacity : _____
8. Trading License No. & Date : _____
9. Particular of Tax paid : _____



| Sl. No | ASSESSMENT YEAR | TAX PAID | REMARKS |
|--------|-----------------|----------|---------|
| 1 | | | |
| 2 | | | |
| 3 | | | |

N. B: Copy of the Registration permit enclosed.

I declare that the above information is correct and complete to the best of information and belief.

Signature of the Applicant/ Declarant

MEMO.NO.DC.PTCC/_____ Dated Shillong, the _____ 200__.

Certified the above named Owner has paid the Professional Tax upto date.

This certificate is valid upto _____.

**Superintendent (Professional Tax)
Khasi Hills Autonomous District Council.
Shillong.**