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GOVERNMENT OF JAMMU AND KASHMIR
COMMERCIAL TAXES DEPARTMENT
EXCISE AND TAXATION COMPLEX
SOLINA RAMBAGH, SRINAGAR.

Notification - 51

In pursuance to SRO 431 dated 25-09-2018, the following formats are notified as per the paras indicated against each for implementation of Jammu and Kashmir Reimbursement of Integrated Taxes for promotion of industries in the State of Jammu and Kashmir, and attached as annexures to this notification

Para	Description	Annexure
3.4	Application for registration	I
5.1	Application for Budgetary support	II
5.2	Sanctioning of Reimbursement amount	III

(M. Raju)
M. Raju 17/10/18
(M. Raju) IAS
Commissioner Commercial Taxes
J&K

Dated: 17/10/2018.

No: Ps/oct/Noti/2018/2007-24
Copy to the:

1. Principal secretary to Government Finance Department, Civil Secretariat, Srinagar
2. Director Information, J&K with the request to give wide publicity to the notification in local dailies in Jammu and Kashmir.
- ✓ 3. Additional Commissioner Commercial Taxes (Adm), Jammu /Kashmir/Tax planning with the request to circulate the copy of notification amongst various stakeholders.
4. Deputy Commissioner Commercial Taxes (Appeals/Audit/Recovery/V&I) Jammu/kashmir.
5. General Manager Government Press Jammu/Kashmir. He is requested to get the instant notification published in the ensuing edition of Government Gazette.
6. Deputy Commissioner Commercial Taxes Check post Lakhanpur.

Annexure – I

Application for registration as per para 3.4 of SRO 431 dated 25.09.2018

1	GSTIN No.	
2	Legal Name	
3	Trade Name, if any	
4	TIN No. under VAT/CST Act 1956	
5	Name of the Unit	
6	Unique Identification No (UIN)	
7	No. & Date of PMT issued by D.I.C	
8	Address of the Unit	
9	Date of commencement of commercial production specified goods-wise	
10	Detailed of specified good (s) for which exemption availed under erstwhile Central sales Tax notification	
11	Bank Account Details for credit of budgetary support	
12	Amount of CST Exemption claimed in A/c year 2016-17	
13	a. Name of the Bank	
	b. Branch Details	
	c. Account No.	
	d. IFSC No. of Branch	
	Any other activity undertaken in the State under the same GSTIN	
14		
15	No. of persons employed in the manufacturing unit.	State Subject:
		Non State Subject:
		Total:
		%age of State Subject holders:
16	EPF No. of the eligible unit/establishment of which the eligible unit is part of	
17	ESIC UIN of the eligible unit/ establishment of which the eligible unit is part of	
18	Consumption of electricity in units (kwh) during financial year _____ and _____ (up to _____)	
19	Any other remarks, if any	

Signature
(Proprietor/ MD/ Partner/
Authorized Director/ Authorized Signatory)

Seal of the eligible unit

Annexure – II

Application for Budgetary Support under SRO 431 Dated 25.09.2018

1	Unique ID No. , If any	
2	GSTIN	
3	Legal Name	
4	Trade Name, if any	
5	Address of the eligible unit	
6	Tax Period	From <DD/MM/YY> to <DD/MM/YY>

7 Amount of taxable turnover of interstate sales for the quarter ending.....

Month-I	Turnover	IGST Paid	
Month -II		Cash	Credit
Month-III			

8. Total interstate turnover in the month for quarter ending.
9. Amount of 2% budgetary support due on interstate sales: 2% of Rs. ____ (Sr. No.8).

10. Details of Bank Account (As indicated in Registration form by the eligible unit)

i.	Account Number	
ii.	Name of the Bank	
iii.	Bank account type	
iv.	Name of Account Holder	
v.	Address of Bank Branch	
vi.	IFSC	
vii.	MICR	

11.

a) Consumption of electricity in Units (KVH) consumed during the quarter	
b) Details of diesel consumed for running DG Set in production process	

Declaration:

- i. I hereby declare that the good(s) under the claim of budgetary support have been manufactured by the eligible unit namely, M/s _____ operating at the address _____ in the State of _____. The goods fall in the category of specified goods defined under the scheme of budgetary support notified by J&K State Government.
- ii. I hereby declare that the claim of budgetary support in the application does not include any taxable turnover of any goods supplied without activity of manufacture by the eligible unit.
- iii. Certified that the total claim of CST for accounting year 2016-17 as per the return filed was Rs.
- iv. Certified that the claim of reimbursement does not exceed the limit prescribed by clause _____ of SRO _____ dated _____

Signature
(Proprietor/ MD/ Partner/
Authorized Director/ Authorized Signatory)

Seal of the eligible unit

Annexure – III

Sanctioning of Reimbursement amount in respect of Industrial Units as per para 5.2 of
SRO 431 Dated 25.09.2018

1	GSTIN No.	
2	Legal Name	
3	Trade name	
4	Address of the unit	
5	Unique Identification No. (UIN)	
6	Tax period for which refund claimed	
7	Amount for budgetary support	a) SGST
		b) CGST
		Total
8	Recommendations of inspection report as desired under Para ____ of notification SRO ____ Dated _____	

Assistant Commissioner / Commercial Taxes Officer
Circle _____, Jammu/Kashmir

Seal of the Circe