FORM GST ASMT - 01

[See rule 98(1)]

Application for Provisional Assessment under section60

1.GSTIN	
2. Name	
3. Address	

4. Deta	ails of Comr	nodity / Service f	for which	tax rate	e / valuation	is to b	e determine	ed
Sr. No.	HSN	Name of commodity /service	Centra l tax	Tax State / UT tax	rate Integrate d tax	Ces s	Valuatio n	Average monthly turnover of the commodit y / service
1	2	3	4	5	6	7	8	9
assessi		king provisional						

7. Verification-

I ______ hereby solemnly affirm and declare that the information given hereinabove is true and correct to the best of my knowledge and belief and nothing has been concealed therefrom.

Signature of Authorised Signatory Name Designation / Status ------Date -----