

**Annexure E: Format for monthly report****Office of the Commissioner****Report for the month of**

Name of the State	Details of the UIN entity		Time Period		Status of Refund application (Sanctioned / Deficiency Memo issued / under process / Rejected)	Name of the State for which refund has been sanctioned	Central Tax	State Tax / Union Territory Tax	Integrated Tax	Cess
	Name	UIN	From	To						
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)