

TIN .....

(Tax Payer's Identification Number)

Drug Licence No.....

CST Reg: No .....

**DEALER'S NAME AND ADDRESS**

**THE KERALA VALUE ADDED TAX RULES, 2005**

**FORM NO. 8 H**

(For dealers in medicine selling compounded-tax-suffered medicines)

{ See Rule 58(10) }



**TAX INVOICE**

CASH/ CREDIT

( to be issued by manufacturer/first seller when tax is collected )

Invoice No. & Date	Delivery Note No. & Date	Purchase order No. & Date	Despatch Document No. & Date, if any	Terms of Delivery, if any

Name & Address of Purchasing Dealer :

.....

Telephone No.....Mobile.....Fax.....e-mail.....

Case No	Mfg code	Product description	Batch No	Expiry date	Qty sold	Qty billed free	MRP value	Unit price for stockist/ wholesaler	Sale value	Excise duty	Comp Tax on MRP collected	Value of goods billed free	Total amount charged
1	2	3	4	5	6	7	8	9	10	11	12	13	14

**DECLARATION**

*(To be furnished by the seller)*

Certified that all the particulars shown in the above Tax Invoice are true and correct in all respects and the tax charged and collected are in accordance with the provisions of the KVAT ACT 2003 and the rules made there under. It is also certified that my/our Registration under KVAT Act 2003 is not subject to any suspension/cancellation and it is valid as on the date of this Bill.

Authorised Signatory  
[With Status & Seal]

TIN/Reg No.....

CST Reg: No.....

Drug Licence No.....

❖ **SALE BILL**

CASH/ CREDIT

( to be issued by stockiest/wholesaler of medicines or drugs to retailer  
when tax is not collected )

Invoice No. & Date	Delivery Note No. & Date	Purchase order No. & Date	Despatch Document No. & Date, if any	Terms of Delivery, if any

Name & Address of Purchasing Dealer :

.....  
Telephone No.....Mobile.....Fax.....e-mail.....

Batch No	Mfg Code	Expiry date	Product description	Pack	Qty sold	Qty billed free	Unit price including Comp. Tax on MRP	Sale value	Cash discount	Net amount payable
1	2	3	4	5	6	7	8	9	10	11

**DECLARATION**

( To be furnished by the seller )

Certified that the particulars furnished herein are true and correct in all respects and that the Medicines sold as per this Bill have duly suffered compounded tax at the preceding point of sale, at the hands of my supplier/s or at any previous points.

Authorised Signatory

SEAL

TIN./Reg.No.....

CST Reg: No.....

Drug Licence No.....

❖ **RETAIL BILL**

(To be issued to customers who are not dealers)

Prescribed by Dr.....

Batch No	Mfg Code	Product description	Expiry Date	MRP	Qty	Comp. Tax paid on MRP	Amount payable
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)

**DECLARATION**

( To be furnished by the seller )

Certified that the medicines sold as per this Bill have been purchased locally from registered dealers who have certified in the related sale bills that such medicines had duly suffered Compounded Tax.

SEAL

Authorised Signatory

❖ *Every dealer may use only the portion, which is applicable to him.;*