

**JAMMU AND KASHMIR GOVERNMENT
EXCISE DEPARTMENT**

FORM FOR THE DETAILS OF THE WEIGHTMENT SLIP

FORM RT - 2
See rule 9 (b) (ii)

No. _____

Toll Post Weightment Slip

Name of Driver

Vehicle No.

Total weight as per Kanda

Unladen Weight of Vehicle

No's of Challans

Challan Weight Disclosed

Description of goods disclosed

Date _____

Time _____

Signature of Officer.