

FORM ST-36

[See rule 40-A(e) (F)]

**RECEIPT & DELIVERY REGISTER OF TRANSPORT/
CLEARING AGENCY (INWARD)**

Name of the Transport Agency.....

Head Office in the State at.....

1	2	3	4	5	6
S.No	Date of Receipt	Vehicle No.	Challan No Date	Booking station	Delivery station.

7	8	9
Goods Receipt ----- No Date	Name & full address of the consignor of goods & CST No -----if any GST No	Name & full address of the consignee /buyer of the goods and CST No ----- if any GST No.

10	11
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Description of goods			Reference to			
No of Pkgs.	Nature of goods	Value of the goods	Consignors Certificate Of ownership		Way Bill of the Tpt. agency.	
			No	Date	No	Date

12	13	14
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Date of Delivery	Particulars of the person to whom goods are delivered	Details of variations of goods if any during transit					
	Name & full address of the person taking delivery of goods.	His relation with dealer	Registration No.		Sales Tax Circle in which Assessed	Quantity	Value
			----- GST	CST		----- Rs.	P.

15	16	17
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Reference to No. date of Delivery Note	Signature of the persons taking delivery	Freight			
----- Declaration		----- To pay		----- Paid	
		Rs.	P.	Rs.	P.

18	19	20	21	22
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Toll	Tax	Octroi	Other charges		Total Amount	Remarks	
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Rs.	P.	Rs.	P.	Rs.	P.	Rs.	P.