

**REGISTER OF WAY BILLS**

[ See Rule 55(5) ]

**FORM 601**

Name _____
Address _____
_____

TIN/GRN	
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Circle	Division	Month
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Sl. No.	Way Bill Details		Invoice/DC Details		Consignee Details	
	Number	Date	Number	Date	Name & Address	TIN/GRN

Vehicle Number	Name of the Commodity	Quantity of goods	Value of goods

Total for the month

NB: Where a single Way Bill covers more than one Commodity the name of that commodity the value of which is the highest shall be mentioned in “commodity” column.