

**Form GST REG-30**

[See rule 25]

**Form for Field Visit Report**  
Center Jurisdiction (Ward/Circle/Zone)

Name of the Officer:- << to be prefilled>>  
 Date of Submission of Report:-  
 Name of the taxable person  
 GSTIN/UIN –  
 Task Assigned by:- < Name of the Authority- to be prefilled>  
 Date and Time of Assignment of task:- < System date and time>

Sr. No.	Particulars	Input
1.	Date of Visit	
2.	Time of Visit	
3.	Location details :	
	Latitude	Longitude
	North – Bounded By	South – Bounded By
	West – Bounded By	East – Bounded By
4.	Whether address is same as mentioned in application.	Y / N
5.	Particulars of the person available at the time of visit	
	(i) Name	
	(ii) Father's Name	
	(iii) Residential Address	
	(iv) Mobile Number	
	(v) Designation / Status	
	(vi) Relationship with taxable person, if applicable.	
6.	Functioning status of the business	Functioning - Y / N
7.	Details of the premises	
	Open Space Area (in sq m.) - (approx.)	
	Covered Space Area (in sq m.) - (approx.)	
	Floor on which business premises located	
8.	Documents verified	Yes/No
9.	Upload photograph of the place with the person who is present at the place where site verification is conducted.	
10.	Comments (not more than < 1000 characters>	
	Place: Date:	Signature Name of the Officer: Designation: Jurisdiction:

[F.No 349/58/2017-GST]

(Dr. Sreeparvathy S. L.)  
Under Secretary to the Government of India