

Government of India/State

Department of -----

Form GST REG-26

[See Rule -----]

Form for Field Visit Report

Center/State Jurisdiction (Ward/Circle/Zone)

Name of the Officer:- << to be prefilled>>		
Date of Submission of Report:-		
Name of the Taxpayer		
GSTIN/Unique ID Number –		
Task Assigned by:- < Name of the Authority- to be prefilled>		
Date and Time of Assignment of task:- < System date and time>		
S. 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 Persons available at the time of Visit	
(i)	Name	
(ii)	Father Name	
(iii)	Residential Address	
(iv)	Mobile Number	
(v)	Designation / Status	
(vi)	Relationship with taxpayer, 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>	
	Signature	
	Name of the Officer	
	Designation	
	Jurisdiction	