

Government of India /State  
Department of -----

**Form GST PMT -6**  
(See Rule ---- )

**Application For Credit of Missing Payment (CIN not generated)**

|     |  |                                      |                                |                                    |                              |  |  |  |  |
|-----|--|--------------------------------------|--------------------------------|------------------------------------|------------------------------|--|--|--|--|
| 1.  | GSTIN  | (to be auto populated)               |                                |                                    |                              |  |  |  |  |
| 2.  | Name   | (to be auto populated)               |                                |                                    |                              |  |  |  |  |
| 3.  | Date of generation of challan from Common Portal | dd/mm/yyyy                           |                                |                                    |                              |  |  |  |  |
| 4.  | Common Portal Identification Number (CPIN)       |                                      |                                |                                    |                              |  |  |  |  |
| 5.  | Mode of payment (tick one)                       | <input type="checkbox"/> Net banking | <input type="checkbox"/> CC/DC | <input type="checkbox"/> NeFT/RTGS | <input type="checkbox"/> OTC |  |  |  |  |
| 6.  | Instrument detail, for OTC payment only          | Cheque / Draft No.                   | Date                           |                                    | Bank/branch on which drawn   |  |  |  |  |
| 7.  | Name of bank through which payment made          |                                      |                                |                                    |                              |  |  |  |  |
| 8.  | Date on which amount debited / realized          |                                      |                                |                                    |                              |  |  |  |  |
| 9.  | Bank Reference Number (BRN)/UTR No., if any      |                                      |                                |                                    |                              |  |  |  |  |
| 10. | Name of payment gateway (for CC/DC)              |                                      |                                |                                    |                              |  |  |  |  |
| 11. | Verification (by authorized signatory)           |                                      |                                |                                    |                              |  |  |  |  |

|  |   |
|--|---|
|  | <p><i>I hereby solemnly affirm and declare that the information given herein above is true and correct to the best of my knowledge and belief.</i></p> <p>Place<br/>Date</p> <p>Name of Authorized Signatory<br/>Designation /Status.....</p> |
|--|---|

Note –

1. The application is meant for the taxpayer where the amount intended to be paid is debited from the account but CIN has not been conveyed by bank to Common Portal. Payment may have been made through any mode.
2. The application may be filed if CIN is not conveyed within 24 hours of debit.
3. Common Portal shall forward the complain to Bank concerned and intimate the aggrieved taxpayer.