

FORM VII
[See rule 12(i)]

Application Form of Appeal Against Orders

To

The Deputy Sales Tax Commissioner,
Jammu/Srinagar.

1. Name of the appellant(s).
2. Year.
3. Authority passing the original order appealed against.
4. Date on which the order was communicated.
5. Address to which notice may be sent to the appellant (s).
6. Whether security demanded has been deposited.
7. Relief claimed in appeal.
8. Grounds of appeal etc.

Dated _____

Signed

Appellant/Authorised
Representative (if any)

Verification

I/Wethe appellant(s) named in the above appeal do hereby declare that what is stated therein is true to the best of my/our knowledge and belief.

Verified today theday of20.....

Signed

Appellant/Authorised
Representative (if any)