

**FORM ST-54**

[ See rule 54(a) ]

APPLICATION FOR REVISION BEFORE THE SALES TAX COMMISSIONER

Revision application No.....of .....200  
( This will be filled in by the office of Sales Tax Commissioner)

1. Name and address of the applicant.
2. G.S.T No/ C.S.T No, if any
3. Year for which application made.
4. Designation of the authority against whose order the application is made
5. Date of service of impugned order
6. Particulars of impugned order ( copy enclosed)
7. Is the application in time ? if not, give reasons for the delay
8. Relief claimed.

VERIFICATION

I..... the applicant/being authorised to make this application on behalf of the assessee, hereby declare that what is stated above is true to the best of my information and belief.

Place

Date

Full name and signature of applicant.  
Status.

Certified copy of impugned order is enclosed.

Note:-

- (i) If the space provided against any column is insufficient enclosures may be used for the purpose.