

**FORM ST-29**  
*[See rule 36(a)]*

REGISTER FOR RECOVERY CERTIFICATES

S.No	Date of receipt	Designation of Issuing authority	No and date of certificate
1	2	3	4

Name and address of defaulter ----- Registration No if any	Amount recoverable	Initials of Tax Recovery Officer	Date of cancellation of certificate with initials of Tax Recovery Officer
5	6	7	8