



**Government of Orissa**  
**Finance Department**

**FORM XXXV**

**Form of Application for Registration as Authorised Sales Tax Practitioner**

(See Rule 96)

**To**

**The Commissioner of Sales Tax, Orissa.**

I hereby apply for registration as an authorised Sales Tax Practitioner under Rule 96 of the Orissa Tax Act 1947. The following particulars are furnished herewith.

1. Name in full (block letters )

2. Father's name

3. Permanent residential address

4. Present residential address

5. Professional address(es) in India

6. Principal place of profession in India

7. If partner in a firm, Yes No names of the firm, and other partners

I certify that I have passed the

examination of

(a true copy of the certificate attached)

I certify that I was an agent within the meaning of sub-clauses (iv) and (v) of clause (a) of rule 2 of the Orissa Sales Tax Rules, 1947, and was actually practising immediately before 1st April 1972 as such and some of the cases in which I appeared in that capacity are as below.

	Name and address of Assessee	Assessment year	Designation of the Sales Tax authority before whom appeared
(1)	<input type="text"/> <input type="text"/>		<input type="text"/>
(2)	<input type="text"/> <input type="text"/>		<input type="text"/>
(3)	<input type="text"/> <input type="text"/>		<input type="text"/>

I certify that I have been practising as an authorised Sales Tax Practitioner since

and that I have not so far made any application for registration as an authorised Sales Tax Practitioner.

### Verification

I  do hereby declare that what is stated in the above application is true to best of my information and belief.

**(Signature)**