

FORM Y
Form of revision
[See rule 14(7)]

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To
The Joint / Deputy Commissioner of Commercial Taxes

The day of 200

1. Name (s) of applicant(s)
2. Circle in which the assessment was made
3. Assessment year
4. Authority passing the original order in dispute
5. Date of communication of the order against which the revision is filed.
6. Address to which notice may be sent to the applicant (s)
7. Relief claimed in the revision application---
 - (a) Turnover determined by the assessing authority passing the assessment order disputed.
 - (b) Any other relief claimed.
8. Grounds of revision, etc.

(Signed)
Applicant(s)
(Signed)
Authorised representative, if any

Verification

I/We the applicant(s) do hereby declare that what is stated above is true to the best of my/our knowledge and belief.

Verified to-day the ... day of.....200

(Signed)
Applicant(s)
(Signed)
Authorised representative, if any.

Note.-(1) The revision application should be in duplicate and should be accompanied by the original order against which it is filed or by a certified copy thereof unless the omission to produce such order or copy is explained to the satisfaction of the revision authority.

(2) The revision application should be written in English and should set forth concisely and under distinct heads the grounds of revision without any argument or narrative and such grounds should be numbered consecutively.