

**THE KERALA VALUE ADDED TAX RULES, 2005**

**FORM NO. 30**

**INTERLOCUTORY APPLICATION**

*[See Rule 74]*

**BEFORE THE DEPUTY COMMISSIONER [APPEALS] / THE DEPUTY  
COMMISSIONER / THE COMMISSIONER**

APPEAL / REVISION No..... OF .....

APPLICATION FOR .....

1. Name and address of the applicant :
2. Number of Appeal/ Revision/ Application in relation to  
which the application is filed, or the No. & date of order  
against which the appeal/ revision/ application is filed :
3. Address to which communication may be sent :
4. Relief claimed :
5. Name and address of the authorised representative, if any :
6. Grounds of Application :
7. Details of fee remitted (with Chalan No. & date) :

**VERIFICATION**

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

Verified today, the .....th day of ....., 20.....

Signature of Applicant