

**FORM III**

**Form of Appeal under section 7**

(See Rule 6)

To

The Appellate Authority,

The .....day of .....19.....

- 1 Name and address of appellant (s) :
- 2 Month of assessment :
- 3 Authority passing the original order in dispute :
- 4 Date on which the order was communicated :
- 5 Number and date of original/certified copy of the order appealed against :
- 6 Address to which notice may be sent to the appellant :
- 7 Ground (s) of appeal :

  - 1. :
  - 2. :
  - 3. :

- 8 Details of fee remitted :

Signature of Appellant(s)

**VERIFICATION**

I/We ..... the appellant (s) do hereby declare that the statements made in this appeal are true to the best of my/our knowledge and belief.

Verified today the ..... day of ..... (year).

Signature of appellant(s)

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