

**FORM T**

**(See Rule 19A)**

**FORM OF APPLICATION FOR REVISION**

BEFORE THE GOVERNMENT OF KERALA.

1. Name of the applicant (s) :
2. Authority passing the order in appeal. :
3. Date of communication of the order against which :  
the application is filed.
4. Address to which notice may be sent to the :  
applicant (s).
5. Relief claimed. :
6. Grounds of revision  
(a) :  
(b) :  
(c) :
7. Details of fee remitted. :

Signature of the applicant(s)

**DECLARATION**

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

Verified today the ..... day ..... 19 .....

Signature of the applicant (s).

(Signature of Authorised representative if any).

- Note:-
1. The application should be accompanied by the original or certified copy of the order appealed against.
  2. The application should be accompanied by a fee of Rupees Two hundred and fifty.

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