### Memorandum of Appeal

**Cover Page**

**For Office Use Only**

**Reasons for Rejection**

- [ ] Not filed Mandatory _________________________________
- [ ] Not enclosed Mandatory Support Document(s)______________________________
- [ ] Other____________________________________________

**Summary of Form**

**Please fill as applicable**

1. **Date of order being appealed against**
   
   ___ ___ / ___ ___ / ___ ___ ___ ___
   
   DD / MM / YYYY

2. **Date of service of said order**
   
   ___ ___ / ___ ___ / ___ ___ ___ ___
   
   DD / MM / YYYY

3. **Is the Appeal within 30 days of the date of communication of the said order? If no, then answer Q4**
   
   [ ] Yes  [ ] No

4. **Has Appellant filed JVAT 601 (Application for condonation of delay)?**
   
   [ ] Yes  [ ] No

5. **Is the Appeal against an assessment?**
   
   [ ] Yes  [ ] No

6. **Has the Appellant enclosed proof of payment of admitted liability?**
   
   [ ] Yes  [ ] No

7. **Is the Appeal against an ex-parte assessment?**
   
   [ ] Yes  [ ] No

8. **Has the Appellant paid 20% of the disputed amount?**
   
   [ ] Yes  [ ] No

9. **Has the Appellant paid the remaining disputed liability? If no, then answer Q 11**
   
   [ ] Yes  [ ] No

10. **Has Appellant filed JVAT 603 (Application for stay of recovery of disputed amount)?**
    
    [ ] Yes  [ ] No

**Checklist of Supporting Documents**

**Please tick as applicable**

**Mandatory Supporting Documents**

- [ ] Copy of the order being appealed against
- [ ] Two self addressed envelopes (Without stamps)
**GOVERNMENT OF JHARKHAND**
**COMMERCIAL TAXES DEPARTMENT**

[See Rule 47(3)]

Memorandum of Appeal

**Instructions:**
1. The application should be filed in duplicate
2. Affix court fee stamp as prescribed.
3. Enclose proof payment of undisputed amount of tax
4. Enclose proof payment 20% of the disputed amount of tax, as the case may be.
5. Enclose copy of the order appealed against.
6. In case of delay, enclose Form JVAT 601
7. Enclose Form JVAT 603 for stay of demand
8. This Form should be verified and signed by:
   a. Proprietor, in case of Proprietorship concern
   b. Managing Partner, in case of Partnership firm and where there is no Managing Partner, by all
      the partners if there is no registered partnership deed and in case of a registered partnership
      deed by any one of them.
   c. Managing Director or authorized signatory, in case of a Company
   d. Karta, in case of Hindu Undivided Family
   e. Authorised Signatory, in all other cases
   f. Or by the declared Business Manager

**APPEAL U/S 79 OF THE JHARKHAND VAT ACT, 2005 AGAINST ORDER DATED_________**
**PASSED BY_____________**

| 1. Name of the Dealer | ____________________________ |
| 2. Registration / TIN | ____________________________ |
| 3. Address | Building Name/Number |
| | Area/Road |
| | Locality/Market |
| | Pin Code |
| | E-mail Id |
| | Telephone Number(s) |
| | Fax Number(s) |
| 4. Date of service of order appealed against | DD / MM / YYYY |
| 5. Section, under which order passed and designation of assessing authority |
| 6. Relief claimed in appeal - |
| a) Total liability including tax, interest and penalty |
| Determined by the authorised officer or assessing authority (Rs) |
| Admitted by the appellant (Rs) |
| Disputed by the appellant (Rs) |
| b) If turnover is disputed |
| Disputed turnover (Rs) |
| Tax due on disputed turnover (Rs) |
| c) If rate of tax is disputed |
| Turnover (Rs) |
| Amount of tax disputed (Rs) |
| d) If order of penalty/ interest is disputed |
| Section under which penalty/ interest is disputed |
| Amount of penalty in dispute (Rs) |
| Amount of interest in dispute (Rs) |
| e) Any other relief claimed |

7. Have you paid the admitted liability? [ ] Yes [ ] No
   Is yes, enclose copy of bank challan as proof of payment

8. Is the said order an ex-parte assessment? [ ] Yes [ ] No
   If yes, enclose copy of bank challan as proof of payment

9. Have you paid the remaining disputed liability? [ ] Yes [ ] No
   If yes, enclose copy of bank challan as proof of payment

9. Grounds for appeal [ ] Yes [ ] No
   Enclose additional sheet(s) in case this space is not sufficient
   Enclose all documents/ evidence that you want to be considered regarding your appeal
Application for Condonation of delay for filing Appeal

<p>| | |</p>
<table>
<thead>
<tr>
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<tbody>
<tr>
<td>1.</td>
<td>Name of the Dealer</td>
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<td>3.</td>
<td>Date of order being appealed against</td>
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<td>4.</td>
<td>Date of service of said order</td>
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<td>5.</td>
<td>Number of days by which is the Appeal is late beyond the date of communication of the said order</td>
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<td>6.</td>
<td>Reason for delay in filing the appeal</td>
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</tbody>
</table>

Attach additional sheet(s) in case you are not able to provide all details in this space

Attach all documents/ evidence that you want considered regarding your application

Verification

I certify that the information given in this form and its attachments (if any) is true and correct to the best of my knowledge and belief and nothing has been concealed.

Signature
Full name of Applicant
Designation
Date
Place

Instructions:
This Form should be verified and signed by:

a. Proprietor, in case of Proprietorship concern
b. Managing Partner, in case of registered partnership deed and where there is no Managing Partner, by all the partners if there is no registered partnership deed and in case of a registered partnership deed by any one of them.
c. Managing Director or authorized signatory, in case of a Company
d. Karta, in case of Hindu Undivided Family
e. Authorised Signatory, in case of a Company
GOVERNMENT OF JHARKHAND
COMMERCIAL TAXES DEPARTMENT
[See Rule 47(4)]

Application for Revision by Commissioner

For Office Use Only

Reasons for Rejection

Please tick as applicable

☑ Not filed Mandatory ______________________________________________
☑ Not enclosed Mandatory Support Document(s)________________________
☑ Other__________________________________________________________

Summary of Form

Please fill as applicable

1. Date of order sought to be revisd ___ ___ / ___ ___ / ___ ___ ___ ___
   DD / MM / YYYY

2. Date of filing of application ___ ___ / ___ ___ / ___ ___ ___ ___
   DD / MM / YYYY

Checklist of Supporting Documents

Please tick as applicable

Mandatory Supporting Documents

☑ Copy of the order sought to be revised
☑ Two self addressed envelopes (Without stamps)
GOVERNMENT OF JHARKHAND
COMMERCIAL TAXES DEPARTMENT
[See Rule 47(4)]

Application for Revision by Commissioner

Instructions:
1. The application should be filed in duplicate
2. Enclose copy of order for which revision application being filed
3. This Form should be verified and signed by:
   a. Proprietor, in case of Proprietorship concern
   b. Managing Partner, in case of Partnership firm and where there is no Managing Partner, by all
      the partners if there is no registered partnership deed and in case of a registered partnership
      deed by any one of them.
   c. Managing Director or authorized signatory, in case of a Company
   d. Karta, in case of Hindu Undivided Family
   e. Authorised Signatory, in all other cases
   f. Or by the declared Business Manager

1. Name of the Dealer _____________________________
2. Registration No. (TIN) __________________________
3. Address    Building Name/Number ________________
              Area/Road __________________________________
              Locality/Market _____________________________
              Pin Code ____________________________________
              E-mail Id ____________________________________
              Telephone Number(s) __________________________
              Fax Number(s) ________________________________

4. Date of the order sought to be revised ___ ___ / ___ ___ / ___ ___ ___ ___
   (Please enclose copy of the above order)  DD / MM / YYYY
5. Section, under which order passed and
   authority which passed the order ________________________________
6. Period of dispute ____________________________
7. Have you preferred an appeal against
   the said order? ☐ Yes ☐ No
8. Disputed amount Rs.________________________ 
9. Grounds for revision of the said order

Enclose additional sheet(s) in this space is not sufficient
Enclose all documents/ evidence that you want to be considered regarding your application

Verification
I certify that the above information and its enclosures (if any) is true and correct to the best of my knowledge and belief
and nothing has been concealed.

Signature
Full name of Applicant
Designation
Date
Place
GOVERNMENT OF JHARKHAND
COMMERCIAL TAXES DEPARTMENT
[See Rule 48(3)]

Application for Stay of Recovery in Appeal/Revision

Instructions:
1. Enclose proof of payment of undisputed demand (if any)
2. Enclose proof of filing of Appeal.
3. This Form should be verified and signed by:
   a. Proprietor, in case of Proprietorship concern
   b. Managing Partner, in case of Partnership firm and where there is no Managing Partner, by all
      the partners if there is no registered partnership deed and in case of a registered partnership
      deed by any one of them.
   c. Managing Director or authorized signatory, in case of a Company
   d. Karta, in case of Hindu Undivided Family
   e. Authorised Signatory, in all other cases

1. Name of the Dealer _____________________________
2. Registration No. (TIN) _________________________
3. Address    Building Name/Number ________________
   Area/Road ____________________________________
   Locality/Market ________________________________
   Pin Code ______________________________________
   E-mail Id ______________________________________
   Telephone Number(s) ___________________________
   Fax Number(s) _________________________________

4. Date of the order being appealed against ___ ___ / ___ ___ / ___ ___ ___ ___
   (Please enclose copy of the above order) DD / MM / YYYY
5. Date of service of said order ___ ___ / ___ ___ / ___ ___ ___ ___
   DD / MM / YYYY
6. Section, under which order passed ________________________________
7. Disputed amount Rs. _________________________
8. Date on which appeal is filed ___ ___ / ___ ___ / ___ ___ ___ ___
   DD / MM / YYYY
9. Amount for which stay is requested Rs. _________________________
10. Reasons for stay of recovery of the disputed amount

Enclose additional sheet(s) in case you are not able to provide all details in this space
Enclose all documents/ evidence that you want considered regarding your application

Verification
I certify that the above information and its enclosures (if any) is true and correct to the best of my knowledge and belief
and nothing has been concealed.

Signature
Full name of Applicant
Designation
Date
Place