

GOVERNMENT OF JHARKHAND
COMMERCIAL TAXES DEPARTMENT

Form JVAT 602

[See Rule 47(4)]

Application for Revision by Commissioner

Cover Page

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 revised _____ / _____ / _____
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**

Form JVAT 602

[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

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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