

**Form DVAT 40**

*(See Rule 55 of the Delhi Value Added Tax Rules, 2005)*

**Decision of the Commissioner in respect of an objection**

**Before the Objection Hearing Authority**

Objection Number	Date of filing of Objection

1. Name of person making the objection
2. Registration Number
3. Address
4. Period to which objection relates
5. Amount in dispute (Rs.)
6. Name of authorized representative of person making the objection

**ORDER**

Signature:

Name

Designation:

Date:

Delhi Value Added Tax Department

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To

\_\_\_\_\_ Name of Person making the objection

\_\_\_\_\_ Address for service of notice