

**FORM OF APPLICATION FOR ENROLMENT AS AUTHORISED
SALES TAX PRACTITIONER**

[See sub-rule (2) of rule 124]

01. Office Address

D	D		M	M		Y	Y	Y	Y
		-			-				

02. Name and address of the applicant

03. I hereby apply for registration as an authorized Sales Tax Practitioner under rule 124 of the Orissa Value Added Tax Rules, 2005. The following particulars are furnished for necessary reference.

- (a) Name in full
(Block letter)
- (b) Name of father
- (c) Permanent residential address
- (d) Present residential address
- (e) Professional address
- (f) Principal place of profession
- (g) If partner in a firm, name
of the firm and other partners

04. I certify that I have been enrolled as an authorized Sales Tax Practitioner under rule 96 of Orissa Sales Tax Rules, 1947 and that my enrollment was valid on the date immediately preceding the appointed day; or

I certify that I was a member of the Orissa Finance Service and held a post under the Government, local body or corporation for _____years and that I am not at present employed in the Government, local body or corporation; or

I certify that I have passed the Diploma in Taxation Law examination from _____ University in the year_____.

(Strike out whichever is not applicable)

Signature

05. VERIFICATION

I _____ do hereby declare that what is stated in this application is true to the best of my knowledge and belief.

Signature

Place_____

Date_____