

Department of Value Added Tax

Form DVAT 40

(See Rule 55 of the Dadra & Nagar Haveli Value Added Tax Rules, 2005)

Decision of the Commissioner in respect of an objection

Before the appeal Hearing Authority

Appeal Number	Date of filing of Appeal

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

ORDER

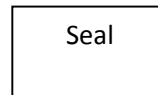
Signature:

Name:

Designation:

Date:

Dadra & Nagar Haveli Value Added Tax Department



To

_____ Name of Person making the objection

_____ Address for service of notice