

**FORM VAT-XXXVII**  
[See rule 77(1) (a)(ii)]

Form of memorandum of appeal to the Tribunal, under section 30 (c) of the Himachal Pradesh Value Added Tax Act, 2005.

[Space for Court fee stamp]

Value of Court fee stamps affixed.

NO. \_\_\_\_\_ of 200 \_\_\_\_\_

Before the

(Appellate Authority)

M/s

Appellant(s).

Versus

Respondent.

1.	Designation of the authority passing the original order	
2.	Assessment year	
3.	Designation of the authority passing the order appealed against	
4.	Date of communication or order at Sr. No. 3	
5.	Address to which notice may be sent to the appellant(s)	
6.	Relief claimed in appeal:	
	(a) turnover determined by original order;	
	(b) turnover determined by the order appealed against;	
	(c) If turnover is disputed	
	(i) disputed turnover;	

			and	
		(ii)	tax on disputed turnover;	
	(d)	If rate of tax is disputed: -		
		(i)	turnover involved; and	
		(ii)	amount of tax disputed	
	(e)	If the order of penalty is disputed:		
		(i)	penalty imposed by the original order;	
		(ii)	penalty determined by the order appealed against;	
	(f)	If input tax credit is disputed ---		
		(i)	input tax credit determined by original order	
		(ii)	input tax credit determined by the order appealed against	
	(g)	Any other relief claimed.		
8.	Appellant has paid tax assessed, penalty imposed and interest accrued.		TR No.	
		Date		/ / 2 0
9.	Grounds of appeal (Full in here)			

Signature of the Appellant(s)  
or his/their duly authorised agent.

Verification:

I/We \_\_\_\_\_, appellant(s) named in the above appeal do hereby declare that what is stated above from para 1 to \_\_\_\_\_ of the appeal, is true to the best of my/our knowledge and belief.

(Verified \_\_\_\_\_ this \_\_\_\_\_ the day of 200 .

(For use in the office of authority concerned).  
Official Seal.

Receipt No. \_\_\_\_\_  
Date: \_\_\_\_\_

Receiving officer/official

### ACKNOWLEDGEMENT

Received from M/s \_\_\_\_\_ of district  
\_\_\_\_\_ (TIN, if any) \_\_\_\_\_ appeal alongwith the  
enclosures mentioned therein.

Place \_\_\_\_\_

Dated: \_\_\_\_\_

Receiving officer/official.