

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	<table border="0" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 35%;">Building Name/Number</td> <td style="border-bottom: 1px solid black;"></td> </tr> <tr> <td>Area/Road</td> <td style="border-bottom: 1px solid black;"></td> </tr> <tr> <td>Locality/Market</td> <td style="border-bottom: 1px solid black;"></td> </tr> <tr> <td>Pin Code</td> <td style="border-bottom: 1px solid black;"></td> </tr> <tr> <td>E-mail Id</td> <td style="border-bottom: 1px solid black;"></td> </tr> <tr> <td>Telephone Number(s)</td> <td style="border-bottom: 1px solid black;"></td> </tr> <tr> <td>Fax Number(s)</td> <td style="border-bottom: 1px solid black;"></td> </tr> </table>	Building Name/Number		Area/Road		Locality/Market		Pin Code		E-mail Id		Telephone Number(s)		Fax Number(s)	
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)	<table border="0" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%; text-align: center;">__ __ /</td> <td style="width: 20%; text-align: center;">__ __ /</td> <td style="width: 60%; text-align: center;">__ __ __ __</td> </tr> <tr> <td colspan="3" style="text-align: center;">DD / MM / YYYY</td> </tr> </table>	__ __ /	__ __ /	__ __ __ __	DD / MM / YYYY										
__ __ /	__ __ /	__ __ __ __														
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?	<input type="checkbox"/> Yes <input type="checkbox"/> No														
8.	Disputed amount	Rs. <span style="border-bottom: 1px solid black; display: inline-block; width: 150px;"></span>														
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