

**THE ASSAM TAXATION (ON SPECIFIED LANDS) RULES, 1990**  
**FORM 7**  
**FORM OF APPEAL**  
[See rule 19 (6)]

To

The..... (Appellate authority)

The..... day of..... 19.....

1. Name and address of appellants) :
2. Period of assessment :
3. Authority passing the original order in dispute :
4. Date on which the order was communicated :
5. Number and date of the original/certified copies of the order appealed against
6. Address to which notice may be sent to the appellant (s) :
7. Ground(s) of Appeal :
  - (1)
  - (2)
  - (3)
8. Relief claimed in appeal :  
.....

*Signature of applicant*

**VERIFICATION**

I/we..... the appellant(s) do hereby declare that the statement made in this appeal are true to my/our knowledge and belief.

Verified today the..... day of..... (year)

.....  
*Signature of appellant*