



Government of Orissa  
Finance Department

**FORM XXXV**

**Form of Application for Registration as Authorised Sales Tax Practitioner**

(See Rule 96)

**To**

**The Commissioner of Sales Tax, Orissa.**

I hereby apply for registration as an authorised Sales Tax Practitioner under Rule 96 of the Orissa Tax Act 1947.  
The following particulars are furnished herewith.

1. Name in full (block letters )

2. Father's name

3. Permanent residential address

4. Present residential address

5. Professional address(es) in India

6. Principal place of profession in India

7. If partner in a firm, names of the firm, and other partners

I certify that I have passed the

examination of

(a true copy of the certificate attached)

I certify that I was an agent within the meaning of sub-clauses (iv) and (v) of clause (a) of rule 2 of the Orissa Sales Tax Rules, 1947, and was actually practising immediately before 1st April 1972 as such and some of the cases in which I appeared in that capacity are as below.

Name and address of Assessee	Assessment year	Designation of the Sales Tax authority before whom appeared
(1) <div data-bbox="210 482 690 637"></div>	<div data-bbox="722 510 999 588"></div>	<div data-bbox="1046 482 1524 637"></div>
(2) <div data-bbox="210 665 690 820"></div>	<div data-bbox="722 694 999 771"></div>	<div data-bbox="1046 665 1524 820"></div>
(3) <div data-bbox="210 871 690 1026"></div>	<div data-bbox="722 900 999 977"></div>	<div data-bbox="1046 871 1524 1026"></div>

I certify that I have been practising as an authorised Sales Tax Practitioner since  and that I have not so far made any application for registration as an authorised Sales Tax Practitioner.

### Verification

I  do hereby declare that what is stated in the above application is true to best of my information and belief.

**(Signature)**