

FORM ST-4

**Form of Appeal to the Commissioner of Central Excise (Appeals)
[under section 85 of the Finance Act,1994 (32 of 1994)]**

1. No. _____ of _____ 20____ :
2. Name and address of the appellant :
3. Designation and address of the officer
passing the decision or order appealed
against and the date of decision or order :
4. Date of communication of the decision or
order appealed against to the appellant :
5. Address to which notices may be sent to
appellant :
- 5A. (i) Period of dispute :
- (ii) Amount of service tax, if any,
demanded for the period mentioned in
column (i) :
- (iii) Amount of refund, if any, claimed for
the period mentioned in column (i) :
- (iv) Amount of interest :
- (v) Amount of penalty :
- (vi) Value of the taxable service for the
period mentioned in column (i) :
6. Whether service tax or penalty or interest or
all the three have been deposited? :
- 6(A) Whether the appellant wishes to be heard in
person? :
7. Relief claimed in appeal :

STATEMENT OF FACTS
Grounds of appeal

*Signature of the authorised
representative, if any*

*Signature of the
appellant*

Verification

I, _____ the appellant, do hereby declare that what is stated above is true to the best of my information and belief.

Verified today, the _____ day of _____

Place:

Date :

Signature of the authorized
representative, if any

Signature of the appellant
or his authorized representative

Note :- The form of appeal including the statement of facts and the grounds of appeal shall be filed in duplicate and shall be accompanied by a copy of the decision or order appealed against.