

FORM ST-4
FORM OF APPEAL TO COLLECTOR OF CENTRAL EXCISE (APPEALS) UNDER
SECTION 85 OF THE FINANCE ACT, 1994 (32 OF 1994)

1. No. of 19

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

5(a) (i) Period of dispute

(ii) Amount of service tax, if any, demanded for _____ the period
mentioned in col. (i)

(iii) Amount of refund, if any, claimed for the _____ period mentioned
in col. (i)

(iv) Amount of interest

(v) Amount of penalty

(vi) Value of the taxable service for the period _____ mentioned in
col. (i)

6. Whether service tax or penalty or interest of all the _____ three have been
deposited

6(a). Whether the appellant wishes to be heard in person ?

7. Relief claimed in appeal

STATEMENTS 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 authorised
representative, if any

Signature of the appellant
or his authorised representative

Notes

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.