## FORM GST ARA -02

[See Rule 106(1)]

## Appeal to the Appellate Authority for Advance Ruling

Sr. No.	Particulars	Remarks					
1	Advance Ruling No.						
2	Date of communication of the advance ruling	DD/MM/YYYY					
3	GSTIN / User id of the appellant						
4	Legal Name of the appellant.						
5	Trade Name of the appellant (optional).						
6	Address of appellant at which notices may be sent						
7	Email Address of the appellant						
8	Mobile number of the appellant						
9	Jurisdictional officer / concerned officer						
10	Designation of jurisdictional officer / concerned officer						
11	Email Address of jurisdictional officer / concerned officer						
12	Mobile number of jurisdictional officer / concerned officer						
13	Whether the appellant wishes to be heard in person?	Yes/No					
14.	The facts of the case (in brief)						
15.	Ground of Appeal						
16.	Payment details	Challan Identification Number (CIN) – Date -					
	Prayer						
	<ul> <li>In view of the foregoing, it is respectfully prayed that the Ld. Appellate Authority, <place> may be pleased to:</place></li> <li>a. set aside/modify the impugned advance ruling passed by the Authority for Advance Ruling as prayed above;</li> <li>b. grant a personal hearing; and</li> <li>c. pass any such further or other order (s) as may be deemed fit and proper in facts and circumstances of the case.</li> <li>And for this act of kindness, the appellant, as is duty bound, shall ever pray.</li> </ul>						

## **VERIFICATION**

I, (	(name i	n full	and	in block	letters),	son/daughter/wife	of
do hereb	by solem	nly decla	are that	to the best	of my kno	wledge and belief v	what
is stated above and in the an	nexure(s	), includ	ling the	e document	ts is corre	ect. I am making	this
application in my capacity as			(d	esignation)	and that I	am competent to m	nake
this application and verify it.							
					Signa	ature	
Place			N	ame of App	ellant/Aut	thorised Signatory	
Date					Designatio	on/ Status	