

FORM III

[RULE 8(3)]

IN THE CENTRAL ADMINISTRATIVE TRIBUNAL

.....BENCH

Misc. Application No. .... of .....

in

Original/Transferred Application No. .... of .....

..... Applicant/Petitioner

Versus

..... Respondent/Applicant

Brief facts leading to the application.

Relief or Payer :

Verification :

I .....(Name of the applicant) S/o, W/o, D/o ....., age .....  
working as .....in the office of ....., resident of ....., do  
hereby verify that the contents of para ..... to .....are true on legal advice and that I  
have not suppressed, any material fact.

Date : .....

Place : .....

Signature of the applicant

Signature of the Advocate