

FORM - 5

(See Rule 10)

**FORM OF REGISTER TO BE MAINTAINED IN THE OFFICE OF REVISIONAL
AUTHORITY**

Name of the Office of the Revisional Authority								
Month								
Year								
Sl. No.	Name and Address of the applicant/ Designated Officer in revision	Date of filing the revision	Name & Designation of the Appellate Authority against whose order the revision is filed	Last date of the stipulated time limit	Date and details of the order of the revision	Details of the officers for deposition of penalty	Date of recovery of the penalty	Remarks
1	2	3	4	5	6	7	8	9

By order of the Governor

Special Secretary to Government