FORM III

[RULE 8(3)]

IN THE CENTRAL ADMINSITRATIVE 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