

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 : .....

Signature of the applicant

Place : .....

Signature of the Advocate