**Affidavit For Condonation Of Delay In Filing**

**The Appeal ………….**

Before …………………………………

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

In the matter of……………………………………………….……………. for the Assessment Year \_\_\_\_\_\_\_\_\_.

Affidavit of Mr. …………………………………………………………………… aged about \_\_\_ years

S/o Mr…………………………..………………………... Resi \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

1. I, the above named deponent, am the proprietor of the firm above named and hence is fully conversant of the facts deposed below:

2. That the deponent received assessment order on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

3. That appeal was to be filed by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

4. That deponent fell ill on \_\_\_\_\_\_\_\_\_\_\_ and was under the treatment of Dr. ……………………..……………. who advised complete rest upto \_\_\_\_\_\_\_\_\_\_.

5. That the deponent filed the appeal on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ alongwith medical certificate.

6. That in this way there is a delay of only …………….… days for which an application under Section 5 of the Limitation Act has been filed alongwith memorandum of appeal.

7. That delay in filing the appeal is because of illness of the deponent for which deponent cannot be held responsible.

Deponent

**VERIFICATION**

I, A, the above named deponent do hereby verify that the contents of this memorandum of appeal from paras 1 to 7 are true to the best of my knowledge and belief.

Dated……………….

Deponent