Particulars	to	be	furnished	by	an	Advocate	applying	for	engagement	as	Special	Public
Prosecutors												

1.	Name	of the	person
~	D		and the state of the state of

- 2. Permanent Account No.
- 3. Father's Name
- 4. Date of Birth
- 5. Address:-
- (i) Residence:
- (ii) Office:
- 6. Telephone, Mobile Number and E-mail ID
- 7. * Educational Qualification
- 8. * Date of Enrolment as an Advocate in the State Bar Council and Registration No.
- 9. If a partner in a firm, name(s) of the firm(s) and other partners
- 10. Number of criminal cases dealt with during last five years as an Advocate
- 11. Brief particulars of experience in handling prosecution cases under Direct Taxes
- 12. Income from professional practice (copy of the latest IT Return to be attached)

Verification

I, S/o/D/o/W/o	do hereby declare that whatever has been stated
in the above application is true to the b	est of my knowledge and belief.
	Signature
DATE:	
PLACE:	
* Applicant to submit documentary	proof with respect to aforesaid items / information
	Undertaking
I, S/o/D/o/W/o do hereby declare that	if engaged by the Department, I shall fully abide by the terms
and conditions of the engagement.	
	Signature
Date:	
Place:	

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	PART-I			
N	ame of the Pr. CCIT /CCIT Region / Pr.		The Later Control of the Control of	
C	IT/CIT Charge			
N	ame of the Special Public Prosecutor	25000000		27
D	ate of Birth			
D	ate of Engagement			
	PART-I	I		
	PERFORMANCE	REPOF	RT.	
Cor	mplaints handled during the period under review		-	
The second	No. of cases handled by the SPP (list of cases to be enclosed)			
2	Cases decided in favour of the Department			
3 Cases decided against the Department				
4 Complaints Quashed by Hon'ble High Court				
5	Offences Compounded by the Department			
5	Cases closed by the Court			
7	Cases adjourned Sin-a-die			
	PART- III			
Co:	mments of the Pr.CIT/Pr.DIT/CIT/DIT on the		The state of the s	
oer	formance of the SPP			
	•			
	Pr. Commissioner of Inco	me Tav/	Commiccio	ner of Income To
	Review of the performance by the			no or mount 1
	nether the performance is found satisfactory		ES/NO	

NOTE:

Part-I and Part-II of the pro forma are to be filled by the SPP. Part-II should be verified by the respective Pr.CsIT/Pr.DsIT/CsIT/DsIT before offering their comments on the performance.

PERFORMANCE APPRAISAL OF SPE	CIAL PUBLIC PROSECUTOR
FOR THE PERIOD	
(To be sent at the time of renewal	
PROFORM	A
PART-I	
1. Pr. CCIT/CCIT Region	
2. Name of the Special Public Prosecutor	
3. Date of Birth	
4. Date of First Engagement	•
5. Date of expiry of existing Tenure (Board's	
reference No. by which last Renewal was	
sanctioned should be specified)	
PART-II	
PERFORMAN	CE REPORT
1. No. of cases handled by the SPP	
2. Cases decided in favour of the Department	
3. Cases decided against the Department	
4. Complaints Quashed by Hon'ble High Court	
5. Offences Compounded by the Department	
6. Cases closed by the Court	
7. Cases adjourned Sin-a-die	
PART	-III
1. Does the SPP take interest in his work and	
generally alert in the Department's interest in	
various litigation entrusted to him	
2. Specific comments should be given about the pr	comptness in:
2.1. Informing the Department from time to	
time regarding hearing of Cases, supply	8
of copies of Judgment etc.	
2.2. Taking steps for Vacation/Variation of	A Continue Section 2
stay	
3. Whether the Pr.CCIT/CCIT satisfied with the	
performance of the SPP? If no, the instances	
may be indicated.	
4. Whether continuance is recommended? If so,	
for what period?	

Pr. CHIEF COMMISSIONER OF INCOME TAX/ CHIEF COMMISSIONER OF INCOME TAX

Bill for claim of professional fees by Special Public Prosecutors (case wise) to be submitted to the Pr.CIT /CIT concerned/CIT (J)

	PRE-RI	ECEIPTED	
1.	Name of the SPP		
2.	Pr.CIT/CIT Charge		
3.	Circle/Ward		
4.	Name of the accused		
5.	Asst. Yr.		
6.	Section(s) of the Act involved		
7.	Case Title		
8.	Dates and amount of bills earlier claimed		
	in this case		
	PART A (Bill for Dr	afting), as appli	
1.	Complaints		(Amount in 1
2.	Revisions, replies, written arguments etc.		
3.	Written opinion		
<i>J</i> ,	Total		
	PART B (Bill for appea	rance etc.) as ar	mlicable
	a rate as design for a phone	e accept the second	(Amount in
1.	Substantial and effective hearing (Whether	Connected case-	Yes/No)
2.	Non-effective hearing		
3.	Conference fees		
4.	Clerkage @ 10%		
5.	Out of pocket expenses (particulars to be gi	iven)	
6.	For performing duties outside headquarters		
	(as per para 3.4)		
	Total		
	ied that the above information is correct and claims have not been made earlier.		vith the terms of engagem
			ixecived i aymem

	Stamp

Signature and Name Of Special Public Prosecutor Mobile/Tel. No.

For office use only

Total Bill		

^{*}The SPP shall be intimated of the deductions made before payment of the bill.

Signature and Name of the D.D.O.

The