

**FORM NO. 3CEH**

[See sub-rule (4) of rule 10UB]

**Form for returning the reference made under section 144BA**

- |                                                                                                            |                                                                                                             |  |  |  |  |  |  |  |  |
|------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|--|--|--|--|--|--|--|--|
| 1. Name and address of the assessee                                                                        | <div></div>                                                                                                 |  |  |  |  |  |  |  |  |
| 2. Permanent Account Number or Aadhaar Number                                                              | <div></div>                                                                                                 |  |  |  |  |  |  |  |  |
| 3. Status ( Individual/ Company etc.)                                                                      | <div></div>                                                                                                 |  |  |  |  |  |  |  |  |
| 4. Residential status                                                                                      | <div></div>                                                                                                 |  |  |  |  |  |  |  |  |
| 5. Assessment year(s) in respect of which the proceedings under section 144BA were proposed to be invoked. | <div></div>                                                                                                 |  |  |  |  |  |  |  |  |
| 6. Date of receipt of reference in Form No. 3CEG from the Assessing Officer.                               | <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table> |  |  |  |  |  |  |  |  |
|                                                                                                            |                                                                                                             |  |  |  |  |  |  |  |  |
| 7. The basis of finding that Chapter X-A is not applicable for assessment year(s).                         | <div></div>                                                                                                 |  |  |  |  |  |  |  |  |

Date:

Name & Designation of Commissioner

Place:

1. Assessing Officer

2. Assessee

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