

FORM – E
[See Rule 7 (3)]
Second Appeal under Section 19 (3) of the Act

From

(Applicant's Name & address)

To

The Orissa Information Commission

1. Full name of the Appellant

2. Address

3. Particulars of the first Appellate Authority

4. Date of receipt of the order appealed against

5. Last date for filing the appeal

6. Particulars of information

(a) Nature and subject matter of the information required

(b) Name of the office or Department to which the information relates

7. The grounds for appeal

(Details, of itms, to be enclosed in separate sheet)

Verification

I, Name of the appellant son of / daughter of / wife of hereby declare that the particulars furnished in the appeal are to the best of my knowledge and belief, true and correct and that I have not suppressed any material fact.

To
Orissa Information Commission
Bhubaneswar, Orissa

Signature of the Appellant

Place

Date