

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, if any, 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 []