

FORM – E
[See Rule 7 (3)]

Second Appeal under Section 19 (3) of the Act.

From

(Applicant's Name and Address)

To,

The Odisha 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 of 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 / daughter / 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.

Signature of the Appellant

Place:

Date: