

APPEAL TO BE SUBMITTED TO APPELLATE AUTHORITY

From

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To

Appellate Authority ,

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(Office Address)

1. Date of submission of Application to State Assistant Public Information Officer/State Public Information Officer :
2. Particulars of Information sought (specify the nature, category and the year to which the information relates) :
3. Name of Office/Department concerned with the information :
4. Particulars of the disposal of application by the State Public Information Officer :
9. Brief facts leading to appeal :
- 10 Other relevant information if any, that may deem necessary for deciding the appeal :

Place :

Date :

Signature of the Appellant