

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

From

_____ (Applicant's Name and address)

To,

Odisha Information Commission,
Block-B 1, Toshali Bhawan, satyanagar,
Bhubaneswar-751007.

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 items to be enclosed in separate sheet)

Verification

I, _____ (Name of the appellant)
son of/daughter of / wife of _____

here by 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: