FORM – D

[See Rule – 7 (1)]

Form of Memorandum of Appeal to the first Appellate Authority under ***Section 19 (1) of the Act***

From

_____

(Applicant's Name & address)

Before

The First Appellate Authority

1. Full name of the Appellant :

2. Address :

3. Particulars of Public Information Officer :

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.

Signature of the Appellant

Place :

Date :

To

_____

Name and address of Appellate Authority