

**APPEAL TO BE SUBMITTED TO APPELLATE AUTHORITY**

From

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To

**Appellate Authority ,**

.....  
(Office Address)

1. Date of submission of Application to Central :  
Assistant Public Information Officer/Central  
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