**FORM ‘E’**

**Second Appeal under section 19 (3) of the Act**

From

(Applicant’s Name & Address)

To,

**The Mizoram Information Commission**

1. Full Name of the Appellant :
2. Address with contact Nos. :
3. Particulars of the First Appellate Authority :
4. Date of receipt of the order appealed against :
5. Last date of filing the appeal :
6. Particulars of information.
	1. Nature and subject matter of the :

Information required

* 1. Name of the Office or Department to :

which the information relates

1. 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.

Place: Signature of the appellant

Date: