**FORM ‘D’**

**Form of Memorandum of Appeal to the First or**

**Departmental 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 with contact Nos. :
3. Particulars of Public Information Officer :
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.

 Signature of the appellant

 Place:

 Date:

To

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name and address of Appellate Authority