

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