APPEAL TO BE SUBMITTED TO APPELLATE AUTHORITY

From
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To

Appellate Authority,
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(Office Address)

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