

**FORM – E**  
**[See Rule 7 (3)]**  
**Second Appeal under Section 19 (3) of the Act**

From

[ ]

[ ]

(Applicant’s Name & address)

To

**The Orissa Information Commission**

1. Full name of the Appellant

[ ]

2. Address

[ ]

3. Particulars of the first Appellate Authority

[ ]

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.

To

**Orissa Information Commission**  
**Bhubaneswar, Orissa**

[ ]

Signature of the Appellant

Place

[ ]

Date

[ ]