

FORM—4

APPEAL UNDER SECTION 19 OF THE RIGHT TO INFORMATION ACT, 2005

I.D. No. :
(For official use)

Name of the Appellate Authority

Designation of the Appellate Authority

Address of the Appellate Authority

Name of the applicant :

Address :

.....

.....

.....

Date of submission of Application in Form—'1':

Date of which 30 days from submission of
Form—'1' is over :

Reasons for appeal

No response received in Form—'2'
within 30 days of submission of
Form—'1'

Aggrieved by the response received
within prescribed period

Grounds for appeal

Last date for filing the appeal

Particulars of Information—

- (i) Information requested
- (ii) Subject
- (iii) Period

Place

Date

Signature of the Appellant

e-mail address, if any.....

Ⓒ Off. :
Res. :