

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

From


(Applicant's Name & Address)

To

**The Odisha Information Commission**

1. Full Name of the Appellant

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2. Address

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3. Particulars of the First Appellate Authority

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4. Date of receipt of the order appealed against

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5. Last date for filing the Appeal

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6. Particulars of information

(a) Nature and subject matter of the  
Information required

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(b) Name of the office or Department to  
which the information relates

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7. The grounds for appeal

(Details, if any, to be enclosed in separate sheet)

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**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

**Odisha Information Commission**

**Bhubaneswar, Odisha**

Signature of the Appellant

Place

Date