FORM - D

 $\label{eq:SeeRule-7(1)} \mbox{Form of Memorandum of Appeal to the first Appellate Authority under Section 19 (1) of the Act.}$

From		
(Ap	plicant's Name & Address)	
Befo The	ore e First Appellate Authority	
1) 2)	Full Name of the Appellant Address	: :
3)	Particulars of Public Information Officer	:
dau	Date of receipt of the order appealed again Last date for filling the appeal Particulars of the Information a. Nature and subject matter of the Information required. b. Name of the office or Department to which the information relates The grounds for appeal (Details if any to be enclosed in separate separate of the enclosed in the e	: : : : : : : : : : : : : : : : : : :
and	belief, true and correct and that I have not sup	ppressed any material fact.
To,		Signature of the Appellant
		Place: Date:
— Nan	me and address of Appellate Authority	