

FORM - A
See Rule - 4 (I)

Application for Information under section 6 (1) of the Act

To

The Public Information Officer
(Name of the office with address)

1. Full name of the applicant
2. Father / Spouse name
3. Permanent address
4. Particulars in respect of Identity of the applicant
5. Particulars of information solicited
 - (a) Subject matter of information
 - (b) The period to which the information relates
 - (c) Specific details of information required
 - (d) Whether information is required by post or in person
(The actual postal charges shall be included in providing information)
 - (e) In case by post (ordinary, registered or speed)
6. Address to which information will be sent & in which form
7. Has the information provided earlier
8. Is this information not made available by the Public authority
9. Do you agree to pay the required fee
10. Have you deposited application fee
(If yes details of such deposit)
11. Whether belongs to BPL category, have you furnished the proof of the same ?

Place
Date

Full Signature of the applicant
Address

Office of the Public Information Officer

Received the application from -----
address-----

on-----seeking information.

Place
Date

Full name of Public Information Officer
Designation & Seal

FORM – D
[See Rule – 7 (1)]

Form of Memorandum of Appeal to the first Appellate Authority under *Section 19 (1) of the Act*

From

_____ (Applicant's Name & address)

Before

The First Appellate Authority

1. Full name of the Appellant :
2. Address :
3. Particulars of Public Information Officer :
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.

Signature of the Appellant

Place :

Date :

To

_____ Name and address of Appellate Authority

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.

Signature of the Appellant

To
Orissa Information Commission
Bhubaneswar, Orissa

Place

Date