

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

From

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(Applicants name & address)

To

The State Information Commission

1. Full name of the appellant:
2. Address:  
  
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3. Particulars of the first Appellate Authority:
4. Date of receipt of the order appealed against:
5. Last date of filing the appeal:
6. Particulars of information:
  - (a) Nature of subject matter of the information required:
  - (b) Name of the office or department to which the information relates:
7. The grounds for appeal:  
(Details items to be enclosed in separate sheet)

**Verification**

I,-----, 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

**Orissa State Information Commission**

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