

FORM – A
See Rule – 4(I)

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

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. Particular 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 or by E-Mail :
(The actual postal charges shall be included in providing information) :
 - e. In case by post (ordinary, registered or speed) :
6. Address or E-Mail ID 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 : Full Signature of the applicant

Date : Address

Office of the public information Officer

Received the application from address
.....
..... on seeking information.

Place : Full name of Public Information Officer

Date : Designation

Seal

FORM -D

[See Rule-7 (1)]

(Orissa Right to Information Rules, 2005)

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 / daughter / 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