

**Form – E**  
**[ See Rule 7 (3) ]**

Second Appeal under Section 19 (3) of the Act

From

.....  
(Applicant's Name & Address)

Before

**The State 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 officer 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.

Place :

**Signature of the Appellant**

Date :

To

.....  
**Orissa State Information Commission**