## FORM NO. II

## [See Rule 9(1)]

| [500 1000 7(7)]   |                               |
|---|-------------------------------|
| FORM OF APPEAL TO THE FIRST APPE  | LLATE AUTHORITY               |
| Before the (Designation of the Control of th |                               |
| (Name and addres  | s of the Applicant/Appellant) |
| (Name and office a<br>Respondent)   | ddress of Designated Officer/ |
| 1. Date of application  | :                             |
| 2. Date of acknowledgement  | ;                             |
| <ol> <li>Date of resubmission of the application<br/>after rectifying the defects, if any</li> </ol>  | ;                             |
| 4. Details of service required  | :                             |
| 5. Decision of the designated officer   | :                             |
| 6. Eligibility for the service  | :                             |
| 7. Stipulated time limit  | :                             |
| 8. Grievances   | :                             |
| List of documents en  | closed                        |
| (1)   | ,                             |
| (2)   |                               |
| Declaration   |                               |
| The particulars given above are true an knowledge, information and belief.  | id correct to the best of my  |

Dated this the ......day of ......20.....(year)