

Form-III
[see rule 10(2)]

FORM OF APPEAL TO THE REVIEWING OFFICER

Before the(Designation
and office address of the Reviewing Officer)

.....

.....(Name and address of the Applicant /Appellant)

.....

.....(Name and office address of the Designated Officer)

.....

.....(Name and office address of the Appellate Officer)

- | | | |
|----|------------------------------------|---|
| 1. | Date of application | : |
| 2. | Date of acknowledgement | : |
| 3. | Details of service required | : |
| 4. | Decision of the Designated Officer | : |
| 5. | Decision of the Appellate Officer | : |
| 6. | Eligibility for the service | : |
| 7. | Stipulated time limit | : |
| 8. | Grievance (s) | : |

List of documents enclosed

(1)

(2)

(Please also provide self-attested copy of order of Designated Officer and Appellate Officer)

Declaration

The particulars given above are true and correct to the best of my knowledge, information and belief.

Dated, this theDay of20.....(year)

Signature of the Applicant /Appellant