

FORM IV
[See Rule 12]

Form of appeal to the State Public Service Delivery Commission.

Date of Filing the Appeal

1. Details of the Appellant: (i) Name of the person filing the Appeal: (ii) Address of the person filling the Appeal: (iii) Mobile Number: (iv) Email:	
2. Date of order of the Appellate Authority and copy of order (to be enclosed)	
3. Date of application produced before Designated Officer for providing service:	
4. Date of acknowledgment and copy of acknowledgement (To be enclosed):	
5. List of supporting documents to avail the service, if any (To enclose copy as required)	
6. Details of public service required:	
7. Stipuated time limit for providing the service:	
8. Date of Decision of the Designated Officer and Copy of the Order (To be enclosed):	
9. Grounds of Appeal : (i) Aggrieved by decision of the Appellate Authority, or (ii) Designated Officer did not provide the service after direction of Appellate Authority under sub-section 2 of section 6 of the Act	
10. Relief sought	
11. Any other information necessary for filling appeal	

List of Documents enclosed.

- (1)
- (2)
- (3)

Declaration

I, (Name of the Appellant) declare that the particulars given above are true and correct to the best of my knowledge, information and belief.

Date:

Place:

Signature of the Appellant