

**FORM III**  
[See Rule 12]

**Form of appeal to the Appellate Authority.**

Before the .....  
.....  
.....(Designation and office address of the Appellate Authority)

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. Details of the Designated Officer against whom the Appeal is Filed  (i) Name of the Designated Officer and Designation:  (ii) Office Address of the Designated Officer:	
3. Details of public service required:	
4. Stipulated time limit for providing the service:	
5. List of supporting documents to avail the service, if any (To enclose copy as required)	
6. Date of Decision of the Designated Officer and Copy of the Order (To be enclosed):	
7. Grounds of Appeal :  (i) Public services not provided within stipulated time; or (ii) Rejection of Application	
8. Relief sought	
9. Any other information necessary for filling appeal	