

**SPECIMEN OF FIRST APPEAL UNDER SECTION 19(1) OF THE
RIGHT TO INFORMATION ACT, 2005.**

I.D. No. _____
(for official use)

To

**(Name & address of the
Senior Officer acting as
First Appellate Authority).**

- 1. Name of the Applicant**
- 2. Address:**
- 3. Particulars of the Central/
State Public Information Officer:**
 - (a) Name :**
 - (b) Address:**
- 4. Date of submission of application
For seeking information :**
- 5. Date on which 30/35/40 days from
Submission of application are over**
- 6. Reasons for appeal:**
 - (a) No response received within the
Specified period:**
 - (b) Aggrieved by the response received
Within the specified period**
 - (c) Grounds for appeal**
- 7. Last date for filing the appeal**
- 8. Particulars of Information**
 - (a) Information requested**
 - (b) Subject**
 - (c) Period**
- 9. A fee of _____ for appeal has been deposited
in _____ vide Receipt No. _____ Dated
_____.**

Signature of Appellant
E-mail address, if any
Tel. No. (office) _____
(Residence) _____

Place _____
Date _____