

FORM – G  
[ See rule 6(1) ]  
Form of First Appeal

I.D. No. \_\_\_\_\_

Date : \_\_\_\_\_

( For office use )

To,

The Appellate Authority,  
Chakma Autonomous District Council,  
Kamalanagar: Mizoram.

Sir,

As I have not received any decision I am aggrieved by the decision of the Chakma District Public Information Officer, Chakma autonomous District Council, Kamalanagar: Mizoram. I hereby file this appeal. The particulars of my application is as under :

1. Name of the applicant:
2. Address of Appellant:
3. (a) Name of the Chakma District Public Information Officer:  
(b) Address of the Chakma District Public Information Officer:  
(c) Department/Office and Address:  
(d) Particulars of the decision against which the appeal is preferred including the No. and date of such decision:
4. Date of application submitted in Form – A:
5. Details of Information :  
(1) Information asked for :  
(2) Period for Which information is sought for :
6. Date as on completion of 30 days after submitting application in Form-A:
7. Reason for Appeal:  
(a) No decision received within 30 days of submission of application in Form-A:  
(b) Aggrieved by the decision of the Chakma District Public Information Officer, dated:
8. Ground for appeal. Brief facts of the case.
9. Last date for filing the appeal:
10. Prayer Relief sought for:

I hereby state that the information and particulars given above are true to the best of my Knowledge and belief.

Place: \_\_\_\_\_

Date: \_\_\_\_\_

Name of Applicant : \_\_\_\_\_

Signature of Appellant : \_\_\_\_\_

e-mail address, if any : \_\_\_\_\_

Telephone No. (Office) : \_\_\_\_\_

(Residence) : \_\_\_\_\_

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From:

The Appellant Authority  
Chakma Autonomous District Council  
Kamalanagar: Mizoram

No. \_\_\_\_\_

Dt. \_\_\_\_\_

Received an appeal application of Shri/Smt. \_\_\_\_\_  
a residence of \_\_\_\_\_ in Form-G prescribed under Sub-  
Rule(1) of Rule 6 of the Chakma Autonomous District Council Right to Information Rule, 2006.

Signature of Recipient :  
Office of the Appellate  
Authority

E-M ail address, if any :

Telephone No. (Office):

(Residence):