

FORM-A

Application for information under section-6(1) of the Act

To

The Public Information Officer (Name of the office with address) 1. Full Name of the applicant

2. Father / Spouse name

3. Permanent Address

4. Particulars in respect of identity of the applicant

5. Particulars of information solicited

- a). Subject matter of information
- b). The period to which the information relates
- c). Specific details of information required
- d). Whether information is required by post or in person (The actual postal charges shall be included in proving information)

e). In case by post(ordinary, registered or speed)

6. Address to which information will be sent & in which form

7. Has the information provided earlier

8. Is this information not made available by the Public authority

9. Do you agree to pay the required fee

10. Have you deposited application fee (If yes, details of such deposit)

11. Whether belongs to BPL category, have you furnished the proof of the same

PLACE:

DATE : FULL SIGNATURE OF THE APPLICANT ADDRESS

OFFICE OF THE PUBLIC INFORMATION OFFICER

Received the application fromAddress on dated

seeking information.

PLACE:

DATE : Full name of the Public Information Officer Designation with seal

FORM-B

Information for payment

From Name & Designation of the Public Information Officer.

To Name of the applicant – Address

Sir,

Please refer to your application dated addressed to the undersigned requesting information on I am to inform you that, the following amount towards cost for providing information may be deposited in cash to enable the undersigned to furnish information sought for.

Please make payment within a period of fifteen days from the date of receipt of this intimation failing which the application shall be rejected. Fee

.....

Yours faithfully, Place : Dated :

PUBLIC INFORMATION OFFICER (SEAL)

FORM – C Information of rejection

Sir, The undersigned regrets to express his inability to furnish the information asked for on account of the following reasons:-

(i) It comes under the exempted category covered under sections-8 & 9 of the Act.

(ii) Your application was not complete in all respect.

(iii) Your identify is not satisfactory.

(iv) The information is contained in published material available to Public.

(v) You did not pay the required cost for providing information within the prescribed time.

(vi) The information sought for is prohibited as per section-24(4) of the Act.

(vii) The information would cause un-warranted invasion of the privacy of any person.

(viii) The information as sought for by you is available in our Website. you may download the information.

(ix) For any other reason please see overleaf.

However, if you feel aggrieved for the above said refusal you may file an appeal before the within 30 days of the receipt of this letter.

PLACE: NAME & DESIGNATION OF DATED :
PUBLIC INFORMATION OFFICER.

To
Shri.....
.....

FORM – D [See Rule-7(1)]

Form of Memorandum of Appeal to the first Appellate Authority under
Section-19(1) of the Act.

From
.....

(Applicants Name & Address)

Before
The First Appellate Authority

1 Full Name of the Appellant :

Address :

Particulars of Public Information Officer :

Date of receipt of the order appealed against :

Last date for filing the appeal :

6. PARTICULARS OF INFORMATION A). NATURE AND SUBJECT MATTER OF THE : INFORMATION REQUIRED.

B). NAME OF THE OFFICE OR DEPARTMENT : TO WHICH THE INFORMATION RELATES.

2 THE GROUNDS FOR APPEAL : (DETAILS IF ANY TO BE ENCLOSED IN SEPARATE SHEET)

VERIFICATION

I, NAME OF THE APPELLANT, SON / DAUGHTER / WIFE OF HEREBY DECLARE THAT, THE PARTICULARS FURNISHED IN THE APPEAL AREA TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE AND CORRECT AND THAT I HAVE NOT SUPPRESSED MY MATERIAL FACT.

SIGNATURE OF THE APPELLANT

PLACE

DATE

To..... (NAME &

ADDRESS OF APPELLATE AUTHORITY

- FORM – E [SEE RULE-7(3)]

SECOND APPEAL UNDER SECTION-19 (3) OF THE ACT.

FROM (APPLICANT'S NAME & ADDRESS)

TO THE STATE INFORMATION COMMISSION

I FULL NAME OF THE APPELLANT :

ADDRESS :

PARTICULARS OF THE FIRST APPELLANT AUTHORITY :

DATE OF RECEIPT OF THE ORDER APPEALED AGAINST :

LAST DATE FOR FILING THE APPEAL :

6. PARTICULARS OF INFORMATION A). NATURE AND SUBJECT MATTER OF THE : INFORMATION REQUIRED.

B). NAME OF THE OFFICE OR DEPARTMENT : TO WHICH THE INFORMATION RELATES.

2 THE GROUNDS FOR APPEAL : (DETAILS IF ANY TO BE ENCLOSED IN SEPARATE SHEET)

VERIFICATION I, NAME OF THE APPELLANT, SON / DAUGHTER / WIFE OF HEREBY DECLARE THAT, THE PARTICULARS FURNISHED IN THE APPEAL AREA TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE AND CORRECT AND THAT I HAVE NOT SUPPRESSED MY MATERIAL FACT.

SIGNATURE OF THE APPELLANT PLACE DATE

To

ORISSA STATE INFORMATION COMMISSION