

FORM FOR APPEAL (See rule 55)

FOR OFFICIAL USE

Date:

- 1. Name of the Appellant
- 2. Address:
- 3. Name and address of the authority, whose decision or order is brought up in appeal
- 4. Brief of the decision against which Appeal is made
- 5. Reason as to why the decision needs review
 - 1.
 - 2.
 - 3.
- 6. Any other remarks

Signature of the Appellant :

Name in Block Letters :

Designation :

Tel. No. :

E-mail Address :

Fax :

Place:

Date:

Documents to be enclosed with the appeal:

- 1. Copy of the decision/rejection letter
- Demand Draft of Rs. 2,500/- in favour of Pay and Accounts Officer, Department of Commerce, New Delhi.