FORM V

(*See* rule 18)

Form of Appeal to Maharashtra State Commission for Right to Public Service.

To,

Before the ……..…… (Maharashtra State Commission for Right to Public Service / Divisional Commissioner / Government Officer entrusted powers of the Commission)

……..……

……..…… (*Name and address of the eligible person with contact number and e-mail address, if any*)

……..……

……..…… (*Name and address of the Designated Officer*)

……..…… (*Name and address of the First Appellate Authority*)

……..……

……..…… (*Name and address of the Second Appellate Authority*)

……..……

(1) Date of making application to the Designated Officer :	
(2) Date of acknowledgement :	
(3) Details of public service sought :	
(4) Name of the Department / office from which service sought	
(5) Date of disposal of application by the Designated Officer :	
(6) Date of filing of first appeal :	
(7) Date of acknowledgement of first appeal	
(8) Date of decision of first appeal and its acknowledgement	
(9) Date of filing of second appeal	
(10) Date of disposal of second appeal :	

Grounds for filing appeal before Commission (in brief) :

……

……

……

Relief sought:

……

……

……

Date: (Signature of the eligible person /

Place: Designated Officer)

Note:—Certified copy of the order against which the appeal has been filed by the eligible person shall be enclosed herewith.

Declaration

The particulars given above are true and correct to the best of my knowledge, information and belief.

Dated the …….. day of …… 20…….(year)

Signature of the eligible person /
Designated Officer.

By order and in the name of the Governor of Maharashra,

DR. BHAGWAN SAHAI,
Additional Chief Secretary (A. R. and O & M),
Government of Maharashtra.

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