FORM III

[*See* rule 11(*2*)]

Form of second appeal to the Second Appellate Authority.

Before the ..... (Designation and office address of the First Appellate Authority)

.....

..... (*Name and address of the eligible person*)

.....

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

.....

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

(1) Date of application to the Designated Officer	:	
(2) Date of acknowledgement	:	
(3) Details of public service required	:	
(4) Decision of the Designated Officer	:	
(5) Decision of the First Appellate Authority	:	
(6) Stipulated time limit	:	
(7) Date of first appeal	:	
(8) Date or expected date to receive any order from the First Appellate Authority	:	
(9) Grounds for Appeal	:	
(i) No decision on first appeal; or	:	
(ii) Rejection of appeal or	:	
(iii) Order on first appeal not satisfactory (reasons)		

List of Documents enclosed.

(1) .....

(2) .....

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.