

**FORM A**  
( See rule 3(1) )  
**Application form for obtaining information**

To  
Public Information Officer

(Name of Public Authority / Department / Office)  
Address: \_\_\_\_\_

I want to obtain following information from you under the Right to Information Act, 2005. The details are as under:

1. Applicant's Name :
2. Full Address of the applicant :
3. Specific particulars / details of information Specific duration of information  
required (in brief) : required :

(1)

(2)

(3)

4. \* (1) I have paid application fee Rs. .... in words rupees. .... on dt. ....  
vide receipt no. .... in the department / office of. ....
- \* (2) I enclose herewith crossed Demand Draft/Pay Order/Indian Postal Order for application fees. The details are as under.

Number of demand draft / pay order / Indian postal order	Date	Name and place of bank / post office	Drawn in favour of	Amount Rupees
			*(i) 'Government of Gujarat' or *(ii) ..... (Name of Public Authority - Other than Govt. Department / Offices - to be specified)	

- \* (3) Non-judicial stamp / court fee stamp / revenue stamp of Rs. .... is affixed on this application.
- \* (4) I have paid application fee by chalan dt. .... at ..... (mention name of bank, branch, place) which is enclosed in original herewith.
- \* (5) I have made application on Rs.20/- Non judicial stamp paper / judicial stamp paper hence no separate fee is paid.
- \* (6) I hereby declare that I belong to B.P.L. family as on date. .... and I enclose herewith certified copy / true copy of B.P.L. card or certified copy / true copy of certificate for B.P.L. Therefore I have not paid application fee.
5. I hereby declare that I am a Citizen of India.
6. I hereby declare that above details are true the best of my knowledge and belief.

Date :  
Place :

Signature of applicant:  
Telephone No. ....  
(Office): .....  
(Residence): .....  
Mobile No. (if any): .....

\* Strike out whichever is not applicable.

**FORM E**  
( See rule 6 (1) )  
**Form of First Appeal**

To  
The Appellate Authority

(Name of Public Authority / Department / Office)  
Address: \_\_\_\_\_

Sir,

As I have not received any decision /As I am aggrieved by the decision of the Public Information Officer dated: \_\_\_\_\_, I, hereby file this first appeal under section 19(1) of the RTI Act, 2005. The particulars of my appeal are as under:

1. Name of the appellant:
2. Whether the appellant belongs to BPL: YES / NO.
3. Address of appellant:
4. (A) Name of the Public Information Officer:  
(B) Name of Public Authority / Department / Office and address:  
(C) Particulars of the decision against which the appeal is preferred including the No. & Date of such decision.
5. Date of application submitted to the Public Information Officer:
6. Details of Information:  
(1) Information asked for  
(2) Period for which information is sought
7. Date of completion of 30 days after submitting application to the Public Information Officer:
8. Reasons for Appeal:  
(A) No decision is received within 30 days of submission of application to the Public Information Officer.  
(B) Aggrieved by the decision of Public Information Officer Dated:.....
9. Ground for appeal.
10. Last date for filing the appeal:
11. Reasons for delay (if any) in filing the appeal beyond the prescribed time limit.
12. Prayer/ relief's sought for:

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

Place:  
Date:

(Signature of appellant)  
Telephone No:  
Office:  
Residence:  
Mobile:

**માહિતી અધિકાર અધિનિયમ-૨૦૦૫ની કલમ ૧૯(૩) હેઠળ અપીલ અથવા માહિતી અધિકાર અધિનિયમ-૨૦૦૫ ની કલમ ૧૮(૧) હેઠળ ફરિયાદ કરવા માટેનું ફોર્મ**

માર્ક ( ✓ )

માર્ક ( ✓ )

કલમ ૧૯(૩) મુજબ બીજી અપીલ

કલમ ૧૮(૧) મુજબ બીજી અપીલ

પ્રતિ  
સચિવશ્રી  
ગુજરાત માહિતી આયોગ  
કર્મચોગી ભવન, બ્લોક નં. ૧, બીજો માળ  
સેક્ટર: ૧૦-એ, ગાંધીનગર-૩૮૨૦૧૦

આ ફોર્મ સાથે કોઈ ફી ભરવાપાત્ર થતી નથી  
E-mail ID:  
secretary-sec-gic@gujarat.gov.in  
P.R.O.-gicpro2017@gmail.com

**અરજદારની વિગતો**

અરજદારનું નામ:		
(નામ)	(પિતા/પતિનું નામ)	(અટક)
સરનામું :	ઘર નં.	
	શેરી/વિસ્તાર	
	ગામ:	શહેર
	તા.	જિ. પીન
મોબાઈલ નંબર		
EMAIL (જો હોય તો)		
ઉપલબ્ધ ફોટા સાથેનું ઓળખપત્ર (નંબર જણાવવો અને નકલ બિડાણ કરવી)		

	જાહેર માહિતી અધિકારીની વિગતો		પ્રથમ અપીલ અધિકારીશ્રીની વિગતો	
નામ				
હોદ્દો				
કચેરીનું સરનામું				
	ગામ/શહેર	તા.	ગામ/શહેર	તા.
	જિ.	પીન	જિ.	પીન
કચેરીનો ફોન નંબર				
Email ID(જો હોય તો)				
મોબાઈલ નંબર (જો હોય તો)				
આર.ટી.આઈ. અરજી નંબર, તારીખ				