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 : ...........................................

   Place: ....................  Tel. No. : ...........................................
   Date: ....................  E-mail Address : ...........................................
   Fax : ...........................................

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.