

## FORM -A

[see rule 4(1)]

## RECORDS TO BE MAINTAINED BY DESIGNATED OFFICER

Serial Number	Name of the Applicant	Type of service Applied	Date of receipt of application	Date of disposal of application	Remarks (service provide or application rejected with reasons)

## FORM -B

[see rule 7(1)]

## APPLICATION FOR REVISION

1. Name of the person
2. Father/Husband's name
3. Residential address
4. Contact Number with e-mail (if any)
5. Details of the service sought
6. Name of the department from which service sought
7. Date of making application to the Designated Officer
8. Date of disposal of application
9. Acknowledgment, Number and date

10. Date of filing of First Appeal
11. Acknowledgement, Number and date
12. Date of decision of First Appeal
13. Acknowledgement, Number and date
14. Date of decision of Second Appeal
15. Relief claimed by the applicant in Revision against the order passed in Second Appeal

Date \_\_\_\_\_

Place \_\_\_\_\_

(Signatures of the Applicant)

Note:- Certified copy of the order against which the revision has been filed by the applicant shall be enclosed hereunder.

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