RECORDS TO BE MAINTAINED BY DESIGNATED OFFICER

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

APPLICATION FOR REVISION [see rule 7(1)] FORM-B

Name of the person

Father/Husband's name

- Residential address
- Contact Number with e-mail (if any)
- Details of the service sought
- Name of the department from which service sought
- Date of making application to the Designated Officer
- Acknowledgment, Number and date Date of disposal of application

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Acknowledgement, Number and date	Date of filing of First Appeal

13.	12
13. Acknowledgement, Number and date	12. Date of decision of First Appeal

14. Date of decision of Second Appeal

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against the order passed in Second Appeal	rener claimed by the applicant in Revision

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Note:	Place
Certified copy of the order against which the revision has been filed by the applicant shall be enclosed hereunder.	e(Signatures of the Applicant)