



4. It is requested that re-considering the facts and documents submitted by me, impugned order of the Revising Authority may be set aside and my claim/ objection may be accepted.

If name of the appellant is included in the electoral roll, then its description:- Municipality: _____ Ward No. _____ Voter No. _____	Signature (Appellant) _____ Name (Full) _____ Father/ husband name _____ Address _____
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**Declaration**

I, above stated appellant, declare that the facts written in the above paras of this appeal are true to the best of my knowledge and belief.

Signature (Appellant) \_\_\_\_\_

Name (Full) \_\_\_\_\_

**Enclosure:**

- (1) Photocopy of order dated \_\_\_\_\_ of Revising Authority.
- (2) Documents (if any) in support of the submitted Appeal.

**Receipt of appeal and information regarding date of hearing**

Sh./Smt. \_\_\_\_\_, Father/ Husband \_\_\_\_\_

\_\_\_\_\_ submitted the appeal against the order dated \_\_\_\_\_, in which hearing shall be held at 10-30 A.M. on \_\_\_\_\_, appellant to be present in my office with necessary proof.

Signature \_\_\_\_\_

Deputy Commissioner \_\_\_\_\_

Dated: \_\_\_\_\_