

FORM – I

[See Clause 9 (1)]

**IN THE STATE APPELLATE AUTHORITY, PATNA
APPELLATE JURISDICTION APPEAL NO. _____ OF 201**

CAUSE TITLE

Between

A.B.Appellant (s) And

C.D.Respondent(s)

1. Details of Appeal

[Appeal against impugned order of the (adjudicating officer/appropriate Authority) datedpassed.

2. i) Full name, parentage, description and postal address of the appellant, including mobile number and e-mail.

ii) Name of advocate, if any with mobile number and e-mail.

3. Postal address of the Respondent(s) with their mobile number and e-mail.

4. Jurisdiction of the Appellate Authority.

5. Limitation

The Appellant(s) declare that the appeal is within the period of 30 days, prescribed in the Rules (explain how the appeal is within the period prescribed). In case the appeal is barred by limitation, the number of days of delay should be given along with Interlocutory Application for condonation of delay.

6. Facts of the case in chronological order:

7. Grounds of Appeals :

8. Reliefs Sought for:

Dated at _____ on this _____ day of _____ 20..... .

9. Matters not previously filed or pending with any other Court

The appellant declares that the petitioner/appellant has not filed any Writ Petition or Suit regarding the matter in respect of which this appeal is preferred or the appellant had filed a writ petition / suit which has been disposed-off (a copy of the order is attached).

10. Details of appeal(s), if any, preferred before this Appellate Authority against the same impugned order/direction.

11. Receipt of payment of fee, details of (bank challan/ bank draft).

12. List of enclosures :

- 1.
- 2.
- 3.
- 4.

Counsel for Appellant(s)

Appellant (s)

DECLARATION BY APPELLANT

The appellant(s) above named hereby solemnly declare(s) that nothing material has been concealed or suppressed and further declare(s) that the enclosures and typed set of material papers relied upon and filed herewith are true copies of the original(s)/fair reproduction of the originals/true translation thereof.

Verified at _____ on this _____ day of _____ 20..... .

Counsel for Appellant(s)

APPELLANT(S)

VERIFICATION

I _____ (name of the appellant) S/o, W/o, D/o.
[indicate any one, as the case may be].....age.....
working as in the office of
resident of do hereby verify that the contents of the paras
are true to my personal knowledge/derived from official record) and para
to are believed to be true on legal advice and that I have not
suppressed any material facts.

Date :

Place :

Signature of the Appellant or authorised