## FORM-E

#### See Rule – 15(a)

Form of Appeal to the Appellate Authority under Rule 14(1) Framed under the Assam Fire & Emergency Service Act-1985 (as Amended in 2012)

Before Shri		Appellate
Authority. Appeal No	of	20
Shri	S/o Shri	
Resident of		Appellant.

### VERSUS

Dated .....

Sir,

The Appellant respectfully sheweth as under :-

- 1. Statement of facts.
- 2. Ground of Appeals.
- 3. Fee of Rs. 500.00 has been paid vide receipt No. ..... Dated ......
- 4. Appeal is within time.
- 5. No other or any matter relating to the subject matter to this appeal is pending any Court of Law.
- 6. Relief claimed.

Signature of Appellant

#### VERIFICATION

I, ..... the appellant do hereby declared that what is stated above is true to best of my personal knowledge and belief and that I have not suppressed any material facts.

Verified today, the ...... day of ...... 200......

Signature of the Authority

Representative, if any.

Signature of Appellant

# $\frac{F O R M - F}{See Rule - 15(b)}$

Form of Appeal to the Government of Assam against the order of the Appellate Authority under Rule 14(2) framed under the Assam Fire & Emergency Service Act-1985 (as Amended in 2012)

Appeal No	of	
Shri		
Resident of		Appellant.

#### VERSUS

AUTHORITY/ DIRECTOR OF FIRE NOMINATED **& EMERGENCY** SERVICES, Appeal under Rule 14(1) framed under the Assam Fire & Emergency Service Act-1985 (as Amended in 2012) against the order of Shri ...... Appellate Authority.

Sir,

The Appellant respectfully sheweth as under :-

- 1. Statement of facts.
- 2. Ground of Appeal.
- 3. Fee of Rs. 1,000.00 paid vide receipt No. ..... Dated ......
- 4. Appeal is within time.
- 5. No other appeal or any matter relating to the subject matter to this appeal is pending any Court of Law.
- 6. Relief claimed.

Signature of the Authority

Representative, if any.

Signature of Appellant

#### VERIFICATION

I, ..... the appellant do hereby declare that what is stated above is true to best of my personal knowledge and belief and that I have not suppressed any material facts.

Verified today, the ...... day of ...... 200......

Place	 	 	 	 	••	 ••
Date .	 	 	 	 		

Signature of the Authority

Representative, if any.

Signature of Appellant