

FORM OF APPEAL

To

* The Principal Secretary / Secretary to the Government of (Name of the State)/
Controller of Legal Metrology,
(Name of the State)

Subject: Appeal against the order of dated

1. Name and address of the applicant:

2. Order no..... dated of the
against whom the appeal is made.

3. Whether the applicant desires to be heard in person or through an authorized
representative

4. Grounds of appeal

Signature of the applicant

Date

* Strike out which is not applicable.