

[See Rule 21(1)]

Form of Appeal

**Before the Secretary to Government, Coastal Shipping and Inland
Navigation Department**

No.....of.....20.....

- 1. Name of the Appellant :
- 2. Registering Authority passing the original Order :
- 3. Date of receipt of the original Order :
- 4. Nature of the order appealed against (specify whether the order is under section 19 F, 19N or 19 O of the Act) with No. and date of the Order. :
- 5. Address at which the appellant undertakes to receive the notices. :
- 6. Address to which the notice may be sent to the respondent. :
- 7. Relief claimed in the appeal. :
- 8. Grounds of Appeal
 - (i)
 - (ii)
 - (iii)
 - .etc

(Sd)

Place:

Date: Appellant/ Authorised representative

Verification

I / We.....the

Appellant do hereby declare that what is stated above is true to the best of my/ our knowledge, information and belief.

Dated this the.....day of

.....

(Sd.)

Appellant (s)

(Sd.) Authorised representatives

N.B. – The appeal shall be presented in duplicate and should be accompanied by two copies (at least one of which should be the original or an attested copy) of the order appealed against.