



Form of Application for Appeal

← (*) Indicates Mandatory Field

Appeal Information

Application No : *

Applicant Information

Applicant Name : * Gender : Male Female Other
Mobile Number : +91 *
Email ID : *
Applicant Status : --Select-- *

Correspondence Address of Applicant

name : Mr. *
Guardian Name : S/o *
State : Himachal Pradesh *
District : --Select-- *
Tehsil : --Select-- *
Town/Village/Ward : *
Address : *
PIN : *

Permanent Address Same as Corr. Address

Name : Mr. *
Guardian Name : S/o *
State : Himachal Pradesh *
District : --Select-- *
Tehsil : --Select-- *
Town/Village/Ward : *
Address : *
PIN : *

Documents

Order No : *
Appeal Document : No file selected. *
(pdf, zip file only and Max file Size 10 MB)
Other Document : No file selected. *
(pdf, zip file only and Max file Size 10 MB)

Ground of appeal :