C. To be maintained by Reviewing Officer

SI. No.	Date of receipt of first appeal	Date of acknowledge- ment of first appeal	Name and address of the applicant	Nature of service requested	Date on which appeal is disposed of. Rejection of the appeal and	Details of fine, if any, imposed / collected its reasons
(1)	(2)	(3)	(4)	(5)	(6)	(7)
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