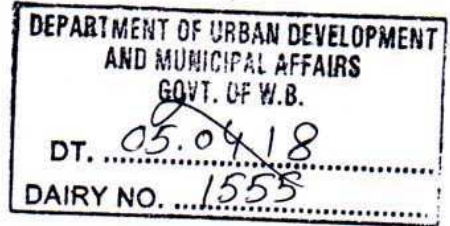


1/2491/2018

Secy/UD 2MA
6.4.18

10/03/2018/03176

Government of West Bengal
Consumer Affairs Department
Kreta Suraksha Bhawan
11A, Mirza Ghalib Street,
Kolkata - 700 087



Phone: 22522304, 22093700, Fax: 22520053 email: cad-wb@nic.in website: www.wbconsumers.gov.in

Date: 26/03/2018

JSC (Suman)

As
11/4/18

From: Additional Secretary to the
Government of West Bengal

To: The Additional Chief Secretary/Principal Secretary/Secretary,

1-21: Department of Agriculture Marketing / Department of Agriculture / Department of Backward Classes Welfare/ Department of Co-operation /Department of Women and Child Development and Social Welfare / Department of Environment / Department of Fire & Emergency Services / Department of Food & Supplies / Department of Higher Education, Science and Technology and Biotechnology/ Department of Land and Land Reforms & Refugee, Relief, and Rehabilitation / Department of Minority Affairs and Madrasah Education / Department of Urban Development and Municipal Affairs / Department of Labour / Department of Panchayat & Rural Development /Department of Power & Non-Conventional Energy Sources / Department of School Education / Department of Technical Education, Training & Skill Development / Department of Transport/ Department of Home and Hill Affairs / Department of Fisheries, Aquaculture, Aquatic Resources & Fishing Harbours / Department of Health & Family Welfare.

22: The Controller, Directorate of Legal Metrology, 45, Ganesh Chandra Avenue, Kolkata -700023.

Madam/Sir,

Sub: Request for uploading of the soft copies of Form I, II & III under WBRTPS Act, 2013.

==

In sending herewith the Newspaper cutting of the Bengali daily *Bartaman* on 19/02/2018, I am directed to request you to upload the soft copies of the following forms under the West Bengal Right to Public Services Act, 2013, on your departmental website:

- 1. Form I Acknowledgement
- 2. Form II Form of Appeal to the Appellate officer
- 3. Form III Form of Appeal to the Reviewing Officer

I am further directed to request you to provide sufficient number of hard copies of the above mentioned forms to the DO for its easy availability at the concerned offices.

Additional Secretary to the Government of West Bengal

By

G. Mullick
16/4

D.S. (G. Sethi)

PL inform all concerned

Shyama
9/4/18

S.O. (B2P) PI.
779-SS (S.G)
07-11-04-2018
Upload the Form I, II & III on the website.
16/4

Form I

[see rule 4]

ACKNOWLEDGEMENT

From

.....

..... *(The Designated Officer/ Authorised Officer)*

To

.....

..... *(Name and address of the Applicant)*

Sub. — The West Bengal Right to Public Services Act, 2013 — Acknowledgement of application

Ref.— Your application dated

I hereby acknowledge your application cited. Due date of service to be provided is _____

OR

The following defects in the application may be rectified, urgently:

(Specify defects, if any)

(1)

(2)

Yours faithfully,

Place:

Date:

Designated Officer/Authorised Officer
(Office Seal)

Form II

[see rule 10(1)]

FORM OF APPEAL TO THE APPELLATE OFFICER

Before the (Designation and office address of the Appellate Officer)

.....

..... (Name and address of the Applicant/Appellant)

.....

..... (Name and office address of Designated Officer/Respondent)

- 1. Date of application ;
- 2. Date of acknowledgement ;
- 3. Date of resubmission of the application ;
after rectifying the defects, if any
- 4. Details of service required ;
- 5. Decision of the designated officer ;
- 6. Eligibility for the service ;
- 7. Stipulated time limit ;
- 8. Grievance (s) ;

List of documents enclosed

(1)

(2)

(Please also provide self-attested copy of order of Designated Officer)

Declaration

The particulars given above are true and correct to the best of my knowledge, information and belief.

Dated, this the Day of 20..... (year)

Signature of the Applicant/Appellant.

Form III

[see rule 10(2)]

FORM OF APPEAL TO THE REVIEWING OFFICER

Before the (Designation and office address
of the Reviewing Officer)

.....

..... (Name and address of the Applicant/Appellant)

.....

..... (Name and office address of the Designated Officer)

.....

..... (Name and office address of the Appellate Officer)

1. Date of application :
2. Date of acknowledgement :
3. Details of service required :
4. Decision of the Designated Officer :
5. Decision of the Appellate Officer :
6. Eligibility for the service :
7. Stipulated time limit :
8. Grievance (s) :

List of documents enclosed

1.
2.

(Please also provide self-attested copy of order of Designated Officer and Appellate Officer)

Declaration

The particulars given above are true and correct to the best of my knowledge, information and belief.

Dated, this the Day of 20..... (year)

Signature of the Applicant/Appellant