

FORM

(See regulation 11 of the Telecom Consumers Protection and Redressal of Grievances Regulation, 2007.)

Appeal under regulation 11 of the Telecom consumers Protection and Redressal of Grievances Regulation, 2007 to the appellate authority appointed by
(mention name and address of service provider)

1	The Name , Address, Telephone Number, Facsimile number and e-mail address of the appellant.	
2	Telephone number or Cellular Mobile Telephone Number or Broad Band Connection Identity, as the case may be, for which the appeal is filed.	
3	The name of the city/ District of the origin of the complaint.	
4	The name of the State or licensed service area, as the case may be, of the origin of the complaint.	
5	Nature of complaint (specify, whether complaint relates to Provisioning /Activation/ Billing/Fault – Repair/Service disruption/Disconnection of service/Value Added Service/ Closure/ Termination or specify if any other)	
6	The docket number allotted by the call center at the time of lodging complaint under clause (a) of sub-regulation (1) of regulation 4 and date of lodging the complaint with the call center.	
7	The unique complaint number communicated by the Nodal Officer under clause (C) of regulation 8, and date of lodging the complaint with the Nodal Officer.	
8	Date of decision of the Nodal Officer and decision intimated by the Nodal Officer under clause (d) of regulation 8, if any	
9	Statements of Facts relating to grievances or appeal: (attach separate sheet signed by the appellant if required)	
10	Grounds of Appeal ; A full description of the matter, which is the cause of the grievance, including copies of any relevant and supporting documents, if any , and the relief claimed in appeal (Attach separate sheet signed by the appellant if required)	
11	A statement to the effect that same subject matter or issue, for which an appeal has been filed under	

	these regulations, is not covered in any proceeding before any court or tribunal or under the Consumer Protection Act, 1986 (68 of 1986) or any other any law for the time being in force.	
12	Details of any other relevant material or document	
13	Whether the appellant requests to grant him exemption from appearing in person and decide the appeal on the basis of information , document or record filed by him.	

Form for verification

I, -----(name in the full and in block letters)
the appellant, son/daughter of -----do hereby declare that to the
best of my knowledge and belief, the information given in this appeal and the annexure
and statements accompanying the appeal are correct, complete and truly stated -----

Signature of appellant

(Name of appellant)-----

Specify the status of the appellant, whether a company/firm/society/individual/others.-----

Note

- 1.** The form of appeal, grounds of appeal and the Form of verification appended shall by the appellant.
- 2.** The appellant shall submit in duplicate the appeal in this Form.