

REGISTERING APPEALS

From:

Name: _____

Address: _____

Address _____

To:

Public Grievance Officer

BHEL - EPD

Bangalore 12

Previous Grievance date: _____ (to enclose copy)

Reply of Grievance Officer date: _____ (Copy of reply to enclose)

Vide Para 7.1 of the Scheme of Public Grievance Redressal, I appeal against the reply of Public Grievance Officer /other official to my grievance dated _____ on the subject _____.

Date: _____

(Signature)

Name _____

Encl:If any (for supporting Grievance)

NOTE: Clear reasons as to why the reply is not satisfactory need to be stated while submitting the appeal.