

# The Odisha Gazette



EXTRAORDINARY  
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No. 282 CUTTACK, THURSDAY, FEBRUARY 18, 2021/MAGHA 29, 1942

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DEPARTMENT OF SOCIAL SECURITY & EMPOWERMENT OF PERSONS WITH  
DISABILITY

NOTIFICATION

The 17th February 2021

No. 1293—PT-2-SSEPD-DA-6-MISC-0045/2020—Pursuant to provision of the Rule 9 of Transgender Persons (Protection of Rights) Rules, 2020, Director, Social Security & Empowerment of Persons with Disability is hereby declared as Appellate Authority for redressal of appeals received under Transgender Persons (Protection of Rights) Rules, 2020.

**Procedure of Appeal :**

1. Any transgender person aggrieved with the decision of the Authority issuing the certificate of identity may within ninety days from the date of the decision, prefer an appeal in Form-I to the Appellate Authority designated under Rule 9 of Transgender Persons (Protection of Rights) Rule, 2020 ; namely :—

- (a) The appeal shall contain brief background and the grounds for making the appeal ;
- (b) The appeal shall be accompanied by a copy of the certificate of identity or letter of rejection issued by the District Magistrate :

Provided that where a transgender person is a minor to make such an appeal himself/herself, the appeal on his/her behalf may be made by his legal guardian, as the case may be.

2. On receipt of such appeal, the Appellate Authority shall provide the appellant an opportunity to justify himself/herself with deem appropriate with reasons.

3. Every appeal preferred under Rule 9 shall be decided as expeditiously as possible as and not later than a period of sixty days from the date of receipt of the appeal.

**FORM - I**

(See Para. 1 of the Notification)

**FORM OF APPEAL REGARDING CERTIFICATE OF IDENTITY**

From

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(Appellant's Name &amp; Address)

Before the Appellate Authority

1. Date of Appeal . .
2. Name of the Appellant with registration . .  
No. under <http://transgender.dosje.gov.in>
3. Address with E-mail ID, Contact Number . .
4. Name & address of the aggrieved person . .  
(If the Appellant and the aggrieved person  
are different).
5. Particulars of the Certificate/Rejection . .  
letter along with name of the district and  
date of rejection (enclose copy).
6. The grounds of the Appeal (Details of . .  
any to be enclosed in separate sheet).

**Verification**

I, \_\_\_\_\_ (Name of the Appellant), Son/Daughter/Wife of  
 \_\_\_\_\_ resident of \_\_\_\_\_ (Address) hereby declare  
 that the particulars furnished in the appeal are to the best of my knowledge and belief, true and  
 correct and that I have not suppressed any material fact.

Signature of the Appellant

Place :

Date :

To

\_\_\_\_\_

(Name and address of Appellate Authority)

By order of the Governor

BHASKAR JYOTI SARMA

Commissioner-cum-Secretary