

FORM OF APPLICATION MAKING REQUEST FOR INFORMATION

TO

The State Public Information Officer
Assistant State public Information Officer

(Name of Office)

(Name of Department)

Public Authority

1. Name with father's/ mother's or :-
husband's name of the person
Making request for information.
2. Address of communication with :-
Phone no. if any.
3. Whether Citizen of India :-
4. Whether living below poverty line, if :-
So, Card No.
5. Nature of information/sample/model :-
Materials/to be provide.
6. Mode of delivery :-
7. Advance fee, if any paid
Application fee
Further fee, if any
Total: - :-
8. Name of any person other than the :-
Applicant whose assistance may be
Required for seeking the information/
Inspection.
9. Date of application :-

(Signature of the applicant)

Received an application requesting for information from Sri/ Smt.
----- On ----- and entered in the register
Vide Sl. No. ----- To attend on ----- for estimate of further fees.

Seal of Office with
Date

signature of the officer receiving the
application.