

**Application form for seeking information under The Right to Information Act, 2005**

Serial No. \_\_\_\_\_  
 Receipt No. \_\_\_\_\_

Date			
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The CPIO/CAPIO  
 Department of \_\_\_\_\_,  
 PGIMER, Chandigarh.

Sir/Madam,

I hereby request you to provide following information under Right to Information Act, 2005 in respect of Postgraduate Institute of Medical Education and Research, Chandigarh, India.

**Particulars of information required** (All fields are mandatory):

**(i) Subject matter & Description of information required :** \_\_\_\_\_

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**(ii) The period to which the information relates :** From \_\_\_\_\_ To \_\_\_\_\_

**(iii) Whether information is required by:** Post *(The actual postal charges shall be included in additional fees)* In Person\_ Ordinary \_ Registered \_ Speed

**(iv) Please enter any one of the following:**

PAN card No. :	
Voter's card No.:	
Passport No.:	
Ration card No.:	

I hereby declare and confirm that I am an Indian citizen and as such I am entitled to seek information under RTI Act, 2005. I have attached copy of my PAN card/Voter's card/Passport/Ration card in support of my citizenship. I shall use this information for my personal purpose only. I assure and conform that in any case or/and under any circumstances, I shall not (allow/cause) use/pass on/share/display/keep/circulate the information received, with any person or in any manner which would be detrimental to/against the interests of India. If any information/declaration turns out to be incorrect or false, I shall be responsible and liable for consequences apart from losing right to receive information.

**Signature of applicant**  
**Place:**

**Date:**

<b>Full name of the applicant</b>	
<b>Address</b>	
<b>Telephone (Mobile/Landline)</b>	
<b>E-mail ID</b>	

(For Office Use)			
Reference: PGIMER/RTI/			
Received by:		<input type="checkbox"/> Personally <input type="checkbox"/> Post <input type="checkbox"/> E-mail	
Sign and Name of receiving officer			

**(For Office Use Only)**

**Follow Up Status**

Serial No. \_\_\_\_\_

Receipt No. \_\_\_\_\_

Application forwarded to: Name : .....

Designation: .....

<b>Signatures of Receiving Officer</b>	Time	<b>DD</b>	<b>MM</b>	<b>YY</b>

<b>Information Received on</b>				
	Time	<b>DD</b>	<b>MM</b>	<b>YY</b>

<b>Information sent to applicant on</b>	Ist Reply (DD/MM/YY)	2nd Reply (DD/MM/YY)	3rd Reply (DD/MM/YY)	4th Reply (DD/MM/YY)

**Information has to be sent to applicant on / before Date**

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**Signatures (when the information was sent)**