

TO
 THE STATE PUBLIC INFORMATION OFFICER,
 (OFFICE OF THE
 DEPARTMENT).

(THROUGH THE STATE ASSISTANT PUBLIC INFORMATION OFFICER)

SUBJECT : **REQUEST FOR OBTAINING INFORMATION**

1.	THE NAME AND FULL POSTAL ADDRESS OF THE APPLICANT, WITH PHONE NO., IF ANY	:	
2.	WHETHER CITIZEN OF INIDA	:	
3.	PARTICULARS OF THE INFORMATION SOUGHT (i) Subject-matter of information (ii) Period to which the information relates (iii) Description of the information sought (iv) Whether the information is required by post or in person (Actual postal charges to be included as further fees)	:	
4.	WHETHER THE APPLICANT IS BELOW THE POVERTY LINE (If yes, then the photocopy of the proof thereof)		

Place
 Date

.....
 (Signature of the applicant)

The applicant has paid the application fee of Rs. 10/- (rupees ten) only vide., Money Receipt no., dated

.....
 (State Assistant Public Information Officer)
 Designation.....
 Office of the
 Department.