

Chapter 20

APPLICATION FORMAT FOR INFORMATION UNDER RTI ACT 2005

To

Central Public Information Officer
Dr. Ambedkar Institute of Hotel Management
Catering & Nutrition,
Sector 42-D,
Chandigarh-160036

1. Full Name of the Applicant (in capital letters)

2. Father's /Husband Name (in capital letters) _____ -

3. Complete
address

Pin code

4. Telephone No. Office _____ Res.

_____ Mobile _____

5. Whether belong to BPL category (if yes, please attach a copy of the BPL/Antyodaya ration card (please tick)
Yes _____ No _____ to claim waiver of the application fee)

6. Details of Application Fee/Addl. Fee:- (Application Fee – Rs. 10/-, Addl. Fee - @ Rs.2/- per page for A-4 Size paper created or copied, by cash, DD/BC/IPO to be drawn in favour of Principal Dr. Ambedkar Institute of Hotel Management Payable at Chandigarh)

Cash Receipt/DD/Bankers Cheque / IPO No.	Date	Name of the issuing Bank/Authority	Amount (Rs.)

7. Particulars of information required (please enclose separate sheet, if required, indicating specific detail of information required and the preferred medium i.e. inspection, photocopy, softcopy, etc.)

DECLARATION

I state that the information sought does not fall within the restriction contained in Section 8 & 9 of the RTI Act and to the best of my knowledge it pertains to your office.

Place: _____

Date: _____