

# 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**

\_\_\_\_\_

3. Telephone No. Office\_\_\_\_\_Res.

\_\_\_\_\_ **Mobile** \_\_\_\_\_

4. 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)

5. 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.)

6. 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:** \_\_\_\_\_