

**Government of India**  
**Ministry of Health & Family Welfare**  
**Department of Health & Family Welfare**

Application of seeking information under Right to Information Act, 2005.

**PART-I**

1. Name of the Applicant:
2. Gender: Male/Female:
3. Father's/Mother's full Name:
4. Address for correspondence  
(with Pin Code):
5. Telephone/Mobile No.  
E-mail ID (if, any)

**PART-II**

- i. Specify the particulars of the information sought for in a separate sheet.
- ii. Whether the information sought for in required to be supplied.
  - a. In printed form.
  - b. In diskette or floppy.
- iii. Whether inspection of records also sought.
- iv. Whether application fee Rs. 10/- (Rupees ten only) paid and, if so, please specify mode of payment (Cash/Demand Draft/Indian Postal Order payable to **“Accounts Officer Ministry of Health & Family Welfare”**).
  - a. Please give details of the demand draft/Banker's cheque/Indian Postal Order enclosed.

(No fee is required to be paid if the requester belongs to 'below poverty line' category for which proof should be furnished).

**Declaration of the Applicant.**

- a. I am a bonafide citizen of India and owe allegiance to the sovereignty, unity and integrity of India and have not voluntarily acquired the citizenship of another country.

Place:

Date:

(Signature of the applicant)