

Baba Farid University of Health Sciences, Faridkot
(Established Under Punjab Act 18 of 1998)
(RIGHT TO INFORMATION)

Application Form For Seeking Information Under The Right to Information Act, 2005

(ALL IN CAPITAL LETTERS)

1 Full Name of the Applicant : _____

2 Father's/Spouse's Name : _____

3 Permanent Address : _____

Pin Code _____

4 Telephone No. (with STD code) _____ Mobile No. _____

5 E-mail ID _____

6 Particulars of Information solicited :

(a) Subject matter of Information :

(b) The period to which the information relates :

(c) Specific details of information required : *(attach extra sheet, if necessary)*

(d) Whether information is required by post or in person :

(The actual postal charges shall be included in providing information)

(e) In case by Post - Ordinary, Registered or Speed-Post :

(f) Has a self-addressed envelop with proper postage stamps been included

(Yes/No) : _____

7 Detailed Address to which information will be sent and in which form :

(e.g. Ordinary/Registered Post/Speed-Post)

8 Is this information not made available by the public authority under voluntary disclosure :

9 Do you agree to pay the required additional fee ? *(Yes/No)* : _____

10 Have you deposited application fee ? *(Yes/No)* (if yes, details of such deposit)

DD/IPO No. *(in favour of Registrar, Baba Farid University of Health Sciences, Payable at Faridkot)*

_____ Dated _____ Amount _____

Uni.Receipt No. _____ Date _____

Amount _____

10 Whether belongs to Below Poverty Line Category ? : *(Yes/No)* (if yes, have you furnished the proof of the same with the application)

Place _____

Date _____

Full Signature of the Applicant and Address

