

RAJENDRA MEMORIAL RESEARCH INSTITUTES OF MEDICAL SCIENCES

(Indian Council of Medical Research), Department of Health Research,
Ministry of Health & Family Welfare, Govt. of India
Agamkuan, Patna-800 007.

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 of 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 "Director, Rajendra Memorial Research Institute of Medical Sciences")
 - 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)