To,

The State Public Information Officer/
State Assistant Public Information Officer,

1. Full name of the applicant:
2. Address:
3. Particulars of Information Required:
   i. Please provide the following information under the RTI Act:
   ii. Period:
   iii. Description of Information Required:
   iv. Information is required in Person/By Post.

Place:

Date: ________________________________  Signature of Applicant

ACKNOWLEDGEMENT
Received your application dated__________________ vide Diary No.__________________ dated
__________________.

(Signature)
State Public Information Officer/
State Assistant Public Information Officer

Name of the Department/Office