GOVERNMENT MEDICAL COLLEGE & HOSPITAL, CHANDIGARH  
(Application for seeking information under RTI Act, 2005)

To

The Central Public Information Officer,  
Govt. Medical College & Hospital,  
Sector -32, Chandigarh.

1. Name of the applicant (Capital Letter) :  

2. Father’s/Mother’s/Spouse’s Name :  

3. Particulars of information solicited  
   a. Subject matter of information :  
   b. Specific details of information required :  

   ___________________________________________________________________  
   ___________________________________________________________________  
   ___________________________________________________________________  
   ___________________________________________________________________  
   ___________________________________________________________________  
   ___________________________________________________________________  
   ___________________________________________________________________  
   ___________________________________________________________________  
   c. Whether information is required by registered post/by hand by speed post.  
   d. Qualification of applicant ___________________

4. The details of fee deposited in cash ________________

5. I hereby declare and confirm that I am an Indian Citizen and as such I entitled to seek information under RTI Act, 2005.

Signature of the Applicant

Place:- _______________ Address ____________________
Dated:- _______________ ___________________________
Contact No. ________________ E-mail I.D. ________________