

**APPLICATION FORMAT
FOR INFORMATION UNDER RTI ACT, 2005**

To

The Public Information Officer,
The Tamil Nadu Dr. M.G.R. Medical University,
Guindy, Chennai – 600 032

1. Full Name of the Applicant :
(in capital letters)
2. Father's/Husband Name :
(in capital letters)
3. Complete address :

4. Particulars in respect of identity of the applicant (enclose proof) :
Contact Nos. if, any
5. Whether belong to BPL category (if yes, please attach a copy of the BPL/ Antyodaya ration card to claim waiver of the application fee) : (please tick) Yes ___ No ___

6. Details of Application Fee:-

Application fee – Rs.10/- must be accompanied in the RTI Application; by Cash against proper receipt in the University Cash Counter or by Demand Draft drawn in favour of “The Registrar, The Tamil Nadu Dr. M.G.R. Medical University,” payable at Chennai or “Court Fee Stamp” affixed in the application.

Cash Receipt / Demand Draft / Indian Postal Order / Court Fee Stamp	Bearing No. and Date	Name of the issuing Authority	Amount (Rs.)

7. Particulars of information required (please enclose separate sheet, if required, indicating specific details of information required.)

DECLARATION

I state that the information sought does not fall within the restriction contained in Section 8 & 9 of the RTI Act and to the best of my knowledge it pertains to The Tamil Nadu Dr. M.G.R. Medical University,

Place:

Date :

Signature of Applicant