

**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 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.

Demand Draft / / 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