

**RTI Application Form  
FORM 'A' See Rule 3(1)**

**I. D. No.....  
(For Office Use Only)**

To  
The Public Information Officer/ Assistant Public Information Officer  
Paschim Medinipur Zilla Parishad,  
HPO Road, Midnapore – 721101  
Paschim Medinipur

1. Full Name of The Applicant : \_\_\_\_\_  
2. Father Name/Spouse Name : \_\_\_\_\_  
3. Permanent Address : \_\_\_\_\_  
: \_\_\_\_\_  
: \_\_\_\_\_

4. Correspondence Address : \_\_\_\_\_  
: \_\_\_\_\_  
: \_\_\_\_\_

5. Particulars of The Information Solicited  
a) Subject Matter of Information (\*) : \_\_\_\_\_  
b) The period to which information relates (\*\*): \_\_\_\_\_  
c) Specific Details of Information required (\*\*\*) : \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

d) Whether information is required by Post : \_\_\_\_\_ or in person  
(the actual postal fees shall be : \_\_\_\_\_  
included in additional fee in providing the information)  
e) In case by Post (ordinary/registered : \_\_\_\_\_ or speed post)

6. Is this information not made available by  
public authority under voluntary disclosure? : \_\_\_\_\_

7. Do you agree to pay the required fee? : \_\_\_\_\_ +++++  
8. Have you deposited application fee? : \_\_\_\_\_  
(If Yes, Details of such deposit) : \_\_\_\_\_

9. Whether belongs to below Poverty Line category? : \_\_\_\_\_  
(If yes, you furnished the proof of the same with application?)

Place:

Signature of Applicant

Date:

(\*) Broad Category of the subject to be indicated (such as grant of government service matters/Licenses etc.)

(\*\*) Relevant period for which information is required to be indicated.

(\*\*\*) Specific details of the information are required to be indicated.

**Paschim Medinipur Zilla Parishad**

HPO Road, Midnapore – 721101

Paschim Medinipur

**FORM "B"**

**[See rule3 (2)]**

**Acknowledgement**

Office of the State Public Information Officer

Received the application form from

Address

Mr/Ms : \_\_\_\_\_

: \_\_\_\_\_

: \_\_\_\_\_

: \_\_\_\_\_

Seeking information on(Subject to be specified)

: \_\_\_\_\_

: \_\_\_\_\_

: \_\_\_\_\_

Vide Diary No.: \_\_\_\_\_

Dated: \_\_\_\_\_

Place

Date

Full Name of Public Information Officer/ Assistant Public Information Officer

Designation and Seal