FORM OF APPLICATION FOR OBTAINING INFORMATION

Form No.

Office File No.

(For Official use only)

To

The CPIO

Pasteur Institute of India, Kotagiri Road,  
Coonoor - 643 103,The Nilgiris.

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| 1. | Name of the Applicant (Full Name) |  |
| 2. | Father / Husband’s Name |  |
| 3. | Present Address (with Telephone E-Mail) |  |
| 4. | Particulars in respect of Identify of Applicant |  |
| 5. | Particulars of Information sought  (i) Subject-matter  (ii) Time/period to which information relates  (iii) Details of information  (iv) Mode of information required (by post / in person / E-mail)  (v) In case of post (ordinary, registered or speed post) |  |
| 6. | Category of information (whether the same information had been sought/provided at earlier date(s)) |  |
| 7. | Address at which information shall be sent |  |
| 8. | Whether information had not been available by the Public  Authority (Name of Authority) |  |
| 9. | Whether required fee can be paid by you (Eligibility of  Applicant). |  |
| 10. | Whether the application fee\*\* has been deposited (Details  of deposit). |  |
| 11. | Category of Applicant (whether belongs to BPL) (Furnish  the proof) |  |

\*\* Postal charges shall be included with amount of fee

Place: Signature of Applicant :

Date: Name & Address :