

**Application Form  
For Information Under RTI Act, 2005**

To

The Public Information Officer,  
Atal Medical & Research University H.P.,  
Ner Chowk Distt. Mandi H.P.

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

Contact No.s if, any

4. Particulars in respect of :  
Identity of the applicant  
(Enclose proof)
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)
6. Detail 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/IPO drawn in favour  
of "The Registrar, Atal Medical & Research University H.P.," payable at Nerchowk Distt.  
Mandi.

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 Atal Medical & Research University H.P.

Place:  
Date :

Signature of Applicant