

FORM – A

(See Rule 3(1))

Application from for obtaining Information

ID NO.

(For office Use)

To,

The State Public Information Officer,
Mizoram legislative Assembly Secretariat,
Assembly House, Aizawl – 796001

1. Name of the applicant :
2. Full address :
3. Particulars of information required :
(In brief)
4. I hereby state that the information sought for is not covered under the categories which are exempted from disclosure of information under section 8 or under section 9 of the Right to Information Act, 2005 and to the best of my knowledge, it is pertaining to your Secretariat.
5. *(1) I hereby submit the prescribed application fee of Rs. _____ (in words Rupees _____) vide payment of application fee receipt No. _____ dt. _____ of your Secretariat.

*(2) I enclosed herewith Demand draft / Pay Order No. _____ dated _____ drawn in favour of Secretary, Mizoram Legislative Assembly Secretariat issued by _____ (Bank) toward the fees payable.

*(3) I belong to B. P. L. family. Xerox copy of my Card / Certificate is enclosed herewith.

Place
Date

Signature of Applicant
e-mail address, if any :
Telephone No. (Office)
(Residence)

N. B.: Person belonging to B. P. L. family need not pay any type of fees.

* Strike out whichever is not applicable.