

FORM – D

(See rule 4 (1))

Supply of information to the applicant

From:

The state Public Information Officer,
Mizoram Legislative Assembly Secretariat
Assembly House,
Aizawl – 796001

To,

Mr/Ms _____
Address _____

Sir,

This is with reference to your application dated _____ (I.D. No. _____
dated _____) requesting for supply of information.

*2 Details of required information are enclosed herewith.

*3 Out of the required information sought for, the partial information is supplied as under
(1)
(2)
(3)
(4)

*4 With reference to your request for supplying information, the following information /
documents cannot be supplied for the following reasons:
(1)
(2)
(3)
(4)

5. If you are aggrieved by the above decision, you may prefer an appeal to the Appellate Authority,
Mizoram Legislative Assembly Secretariat, Assembly House, Aizawl – 796001, within thirty days
from the date of receipt of the decision.

6. The information whichever is given to you is as member of Below Poverty Line families and shall
not be used for any other purpose.

Yours faithfully,

(_____)
State Public Information Officer
Mizoram Legislative Assembly Secretariat
Telephone No.
E-mail
Website