



All India Institute of Speech & Hearing, Mansangangothri, Mysore 570 006

FORM OF APPLICATION FOR OBTAINING INFORMATIONS

Form No.
Office File No.
(For Official use only)

To

The CPIO
All India Institute of Speech & Hearing
Manasagangothri, Mysore 570 006

1.	Name of the Applicant (Full Name)	
2.	Father / Husband's Name	
3.	Present Address	
4.	Present Address (with Telephone E-Mail)	
5.	Particulars in respect of Identify of Applicant	
6.	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)	
7.	Category of information (whether the same information had been sought/provided at earlier date(s))	
8.	Address at which information shall be sent	
9.	Whether information had not been available by the Public Authority (Name of Authority)	
10.	Whether required fee can be paid by you (Eligibility of Applicant).	
11.	Whether the application fee** has been deposited (Details of deposit).	
12.	Category of Applicant (whether belongs to BPL) (Furnish the proof)	

** Postal charges shall be included with amount of fee

Place:

Date:

Signature of Applicant
(Full Signature)
Address:

Phone No.
Fax No.
Mobile No.
E-mail