

ANNEXURE "A"
(See rule 3)

Format of Application for obtaining information under
The Right to Information Act 2005

Affix
Court fee
stamp of
Rs.10/-

To: The State Public Information Officer,
(Name of the office with address)

1. FULL NAME OF APPLICANT : Dr Sanjay Bedi

2. ADDRESS : 366 Green Avenue Amritsar

3. PARTICULARS OF INFORMATION REQUIRED

(i) Subject matter of information : List of all the Doctors registered with Punjab Medical Council

(ii) Period to which the information relates : 1960- 2005

(iii) Description of information required : *(Details may be attached on additional A4 size paper if required)*

Dear Sir,

I happen to be Secretary Computerisation of Indian Medical Association Punjab State Branch . I want a list of all the Doctors in registered with Punjab Medical Council with there registration number and address.

(iv) Whether information is required by post or in person : By post

4. WHETHER THE APPLICANT IS BELOW POVERTY LINE :

(If yes, attach a photocopy of the proof thereof)

Place :

Date :

Signature of the applicant