

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