

RTI - APPLICATION FORM

To,
The Public Information Officer,
Central Leprosy Teaching & Research Institute (CLTRI)
Chengalpattu, Tamil Nadu – 603001

(Please enter in BLOCK Letters)

1. Name of the applicant :

2. Address for communication :

3. Whether belong to BPL category : Yes No (tick)

(If yes, please attach a copy of BPL card /Antyodaya ration card to claim waiver of the application fee)

4. Details of application fee :

[The payment of Application fee of Rs. 10/- (Rupees ten) can be made by demand draft or banker's cheque or Indian Postal Order (IPO) in favour of "**The Director, Central Leprosy Teaching & Research Institute, Chengalpattu**" or in Cash to Accounts section]

Demand draft or banker's cheque or Indian Postal Order (IPO) / Cash Receipt	No and Date	Name of the issuing Authority	Amount (Rs.)

5. Particulars of information required (please attach separate sheet, if required)

Place:
Date:

Signature of applicant