

# Application Form for "Request for Information" Service

(Under the provisions of the RTI Act, 2005)

Note: All fields with \* mark are mandatory.

To  
The District Magistrate & Collector, .....

Subject: - Appeal for **Right to Information (RTI)**

Sir / Madam,  
I would like to avail the aforesaid service from your office. Required details are furnished hereunder.

## 1. Applicant's Personal Details

**a** Applicant's Salutation \* (tick the appropriate)  Mr.  Mrs.  Ms.  Er.  CA  Dr.  Prof.

**b** Applicant's First Name \* Middle Name Last Name \*

**c** Guardian's Salutation \* (tick the appropriate)  Mr.  Mrs.  Ms.  Er.  CA  Dr.  Prof.  Late

**d** Guardian's First Name \* Guardian's Middle Name Guardian's Last Name \*

**e** Relation with Guardian \* (tick the appropriate)

<input type="checkbox"/> Wife	<input type="checkbox"/> Spouse	<input type="checkbox"/> Father	<input type="checkbox"/> Mother	<input type="checkbox"/> Son
<input type="checkbox"/> Daughter	<input type="checkbox"/> Brother	<input type="checkbox"/> Sister	<input type="checkbox"/> Father-in-Law	<input type="checkbox"/> Mother-in-Law
<input type="checkbox"/> Brother-in-Law	<input type="checkbox"/> Sister-in-Law	<input type="checkbox"/> Nephew	<input type="checkbox"/> Niece	<input type="checkbox"/> Grandson
<input type="checkbox"/> Granddaughter	<input type="checkbox"/> Grandfather	<input type="checkbox"/> Grandmother	<input type="checkbox"/> Daughter-in-Law	<input type="checkbox"/> Son-in-Law

**f** Applicant's Date of Birth (dd/mm/yyyy)  **g** Applicant's Gender (tick the appropriate)  Male  Female  Transgender

**h** Marital Status (tick the appropriate)

<input type="checkbox"/> Widow / Widower	<b>i</b> Applicant's Caste (tick the appropriate)	<input type="checkbox"/> ST	<b>j</b> Applicant's Religion (tick the appropriate)	<input type="checkbox"/> Hindu	<input type="checkbox"/> Christian
<input type="checkbox"/> Married		<input type="checkbox"/> SC		<input type="checkbox"/> Sikhism	<input type="checkbox"/> Islam
<input type="checkbox"/> Single		<input type="checkbox"/> OBC		<input type="checkbox"/> Buddhism	<input type="checkbox"/> Other
<input type="checkbox"/> Divorced		<input type="checkbox"/> Other		<input type="checkbox"/> Jainism	

**k** Applicant's Qualification (tick the appropriate)

<input type="checkbox"/> Illiterate	<input type="checkbox"/> Diploma or Equivalent
<input type="checkbox"/> Literate (without educational level)	<input type="checkbox"/> Graduation or Equivalent
<input type="checkbox"/> Primary Schooling (I - V)	<input type="checkbox"/> Post-Graduation or Equivalent
<input type="checkbox"/> Secondary Schooling (VI - VIII)	<input type="checkbox"/> Doctoral or Equivalent
<input type="checkbox"/> Senior Secondary Schooling (IX - X)	<input type="checkbox"/> Post-Doctoral or Equivalent
<input type="checkbox"/> Higher Secondary Schooling (XI - XII)	<input type="checkbox"/> Others

**l** Applicant's Economic Status \* (tick the appropriate)  APL  BPL **m** Applicant's Aadhaar Number

## 2. Applicant's Address Details

**a** Address Line1  **b** Address Line2

**c** Address Line3  **d** Country \*

**e** State \*  **f** District

**g** Postal / Zip Code

### 3. Applicant's Contact Details

<b>a</b>	Mobile Number * (10 digits only)	<input type="text"/>	<b>b</b>	E-Mail (mandatory in case of eCopy)	<input type="text"/>
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### 4. Service Specific Information

<b>a</b>	To which District Magistrate (DM) do you want to apply? *	<input type="checkbox"/> Dhalai <input type="checkbox"/> Gomati	<input type="checkbox"/> Khowai <input type="checkbox"/> Sepahijala	<input type="checkbox"/> North Tripura <input type="checkbox"/> South Tripura	<input type="checkbox"/> West Tripura <input type="checkbox"/> Unakoti
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<b>b</b>	Describe Nature of Information/ Sample/ Model/ Materials to be Provided *	
<b>c</b>	Name, Designation and Office Address of any person, whose assistance may be required for seeking the information inspection	

<b>d</b>	Service Output Type *	<input type="checkbox"/> eCopy	<input type="checkbox"/> Hard Copy
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### 5. Eligibility

<b>a</b>	Are you a citizen of India? *		Yes	No
<b>b</b>	Do you have any valid proof of BPL category? *		Yes	No
<b>c</b>	Do you want to upload any other supporting document?		Yes	No

Note: Please upload filled and signed (scan) copy of this application form in Attach Annexure page!

Please provide details for the items you have selected "Yes" in above –

	Document Name	Reference No.	Date of Issue	Issued by
<b>a</b>				
<b>b</b>				
<b>c</b>				

### 6. Declaration

I do hereby declare that all the details furnished above are true to the best of my knowledge and belief.

Date:

Place:

Signature / Thumb Impression