

MODEL FORM OF APPLICATION

U/S 6(1) OF RIGHT TO INFORMATION ACT, 2005,

FOR SEEKING INFORMATION

To, \_\_\_\_\_

(name and designation)

Public Information Officer

ICAR Research Complex for Eastern Region

Patna-800014

PART – I

- 1. Name of the applicant .....
- 2. Present address .....
- .....Pin Code .....
- 3. Telephone number .....
- 4. E-mail .....
- 5. Residential status .....
- 6. Designation & Division .....
- (If ICAR-RCER employee)

PART- II

7. (i) Specify the particulars of the information sought (a separate sheet may be attached, if necessary)

.....  
.....  
.....

(ii) Whether the information sought for is required to be supplied:

(a) In printed form .....

(b) In diskette or floppy .....

(iii) Whether inspection of records also sought .....

(iv) Period for which information asked for .....

(iv) Whether application fee of Rs. 10/- (Rupees Ten only) paid and, if so, please specify mode of payment

(a) Please give details of the demand draft/Banker's cheque/IPO enclosed .....

(b) In case of cash payment, please enclose original receipt .....

(No fee is required to be paid if the requester belongs to 'below poverty line' category for which proof should be furnished).

8. Mode of delivery expected (ordinary post, speed post, by courier, by hand, through internet or e-mail, by fax etc.). Additional fee maybe charged to cover the cost of delivery.

9. The information can be furnished within 30 days as prescribed under Section 6 (1)/ the information sought for concerns my life and liberty, therefore the information may be furnished to me within 48 hours (Please delete the inapplicable portion).

**DECLARATION OF THE APPLICANT**

10. (i) I am a bona fide citizen of India and owe allegiance to the sovereignty, unity and integrity of India and have not voluntarily acquired the citizenship of another country.

(ii) The information given by me in this form is true and I am solely responsible for its accuracy.

Place: .....

Date: .....

**(Signature of the applicant)**

Enclosure:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

**Model Form of  
Appeal to the Appellate Authority  
(Under Section 19 of the Right to Information Act 2005)**

Date: \_\_\_\_\_

To, \_\_\_\_\_

(name and designation)  
Public Information Officer  
ICAR Research Complex for Eastern Region  
Patna-800014

| S. No | Items  | Details |
|-------|--|---------|
| 1.    | Date of submission of the request for information (copy of the request to be attached)   |         |
| 2.    | Date of reply, if any, received from Central Public Information Officer (copy of the reply to be attached)                       |         |
| 3.    | Particulars of CPIO & Address  |         |
| 4.    | Brief facts leading to appeal  |         |
|       | i) No response   | Yes/No  |
|       | ii) Incomplete response  | Yes/No  |
|       | iii) Aggrieved by the response   | Yes/No  |
| 5.    | Reasons, if any, for appeal being filed after prescribed period of 30 days from the date of receipt of reply from the above CPIO |         |
| 6.    | The relief sought (attach separate sheet, if required)   |         |
| 7.    | Particulars of the applicant/appellant   |         |
|       | i) Name  |         |
|       | ii) Address (Res.)   |         |
|       | iii) Phone Number  |         |
|       | iv) Address (Off.) with Phone Number (If IASRI employee)   |         |

**Signature of the Applicant/Appellant**

Model Form for  
Second Appeal under Section 19(3) of the Right to Information Act, 2005  
Before the Honourable Central Information Commission

| S. No | Items   | Details   |
|-------|---|---|
| 1.    | Name and Address of the Appellant   |   |
| 2.    | I) a) Name & Address of the Public Information Officer against the decision of whom the appeal is preferred | Public Information Officer<br>ICAR Research Complex for Eastern Region Patna-800014 |
|       | b) Date of Application  |   |
|       | c) Date of Reply from PIO   |   |
|       | (II) a) Name & Address of First Appellate Authority   | Director, ICAR-RCER, ICAR Parisar, PO-BVC, Patna-800014                             |
|       | b) Date of First Appeal   |   |
|       | c) Date of Order of First Appellate Authority   |   |
| 3.    | Particulars of the order including number, if any, against which the appeal is preferred:                   |   |
| 4.    | Brief facts leading to the appeal   |   |
| 5.    | Prayers or Relief Sought  |   |
| 6.    | Grounds for Prayer or Relief  |   |
| 7.    | Particulars of information  |   |
|       | (i) Nature and subject matter of the information required :   |   |
|       | ii) Name of the office or Department to which the information relates :                                     |   |
| 8.    | True copies of the following documents are enclosed   |   |

Date .....

Signature of the Applicant/Appellant