

**Government of India
Ministry of Health & Family Welfare
Dte. General of Health Services
Central Drug Standard Control Organization
FDA Bhawan, ITO, Kotla Road, New Delhi-110002**

Application of seeking information under Right to Information Act, 2005:-

PART-1

1. Name of the Applicant:
 2. Gender: Male/Female:
 3. Father's/Mother's Full Name:
 4. Address for Correspondence (with pin code):
 5. Telephone/Mobile No.:
- E-mail ID (if any):

PART-II

- i. Specify the particulars of the information sought for in a separate sheet.
- ii. Whether the information sought for in required to be supplied:
 - a. In printed form
 - b. In diskette or floppy.
- iii. Whether inspection of records also sought.
- iv. Whether application fee **Rs. 10/-** (Rupees ten only) paid and , if so, please specify mode of payment (Cash/Demand Draft/Indian Postal Order payable to Pay and Account Officer, DGHS, Nirman Bhawan, New Delhi.

Please give details of the demand draft/banker's cheque/Indian Postal Order enclosed.

(No fee is required to be paid if the requester belongs to 'Below Poverty Line (BPL)' category for which proof should be furnished).

Declaration of the Applicant:-

I am a bonafide citizen of India and owe allegiance to the sovereignty, unity and integrity of India and have not voluntarily acquired the citizenship of another country.

Place:

Date:

(Signature of the applicant)