

**FORM 'A'**  
**INDIAN PARAMEDICAL ASSOCIATION (IPMA)**  
**FORM OF APPLICATION FOR SEEKING INFORMATION**  
**See Rule 5 (1)**

Membership I.D. No. \_\_\_\_\_ - (For official use)

To

The President/Secretary  
Indian Paramedical Association (IPMA)

\_\_\_\_\_  
\_\_\_\_\_

1. Name of Applicant :
  2. Father's name :
  3. Permanent Address :
  4. Temporary Address :
  5. Weather a citizen of India :  
(Please enclose your certified copy of Certificate of Identification, Electoral Roll or Passport as proof.)
  6. Weather affiliated to any :  
(NGO, Social Organization, Association, Political Organization, etc. If so, the particulars of NGO, Organization, Association, Political Organization.)
  7. Concerned Department :
- Particulars of information –
- (i) Details of information required (please be specific by giving details)
  - (ii) Period of which information is asked for,
  - (iii) The Geographical area to which the Information relates (with specific details)
  - (iv) Other details
8. I ..... that the information sought does not fall within the restriction contained in Section 6 of the Act and to the best of my knowledge it pertains to your office.
  9. A fee of Rs. \_\_\_\_\_ has been deposited in the office of the Competent Authority vide No. \_\_\_\_\_ dated \_\_\_\_\_

Place:

Date:

Signature of the Applicant

Tel. No. (Office) \_\_\_\_\_

(Residence) \_\_\_\_\_

Note: (i) Please ensure that the Form A is complete in all respects and there is no ambiguity in providing the details of information required

**FORM 'B'**  
**INDIAN PARAMEDICAL ASSOCIATION (IPMA)**  
**ACKNOWLEDGEMENT OF APPLICATION**  
**See Rule 5 (1)**

Membership I.D. No. \_\_\_\_\_

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

1. Received an application in Form A from Shri/Ms \_\_\_\_\_ resident of \_\_\_\_\_ under Section 5 (1) of the Right to Information Act, 2005.
2. The information is proposed to be given normally within 30 days from the date of receipt of application and in case it is found that the information asked for cannot be supplied, the rejection letter shall be issued stating reason thereof.
3. The applicant is advised to contact the undersigned on \_\_\_\_\_ between 11 A.M. to 1 P.M.
4. In case the applicant fails to turn up on the scheduled date(s), the Competent Authority shall not be responsible for delay, if any.
5. The applicant shall have to deposit the balance fee, if any, with the authorized person before collection of information.
6. The applicant may also consult Web-site of the department from time to time to ascertain the status of his application.

Dated \_\_\_\_\_

Signature and Stamp of the  
Indian Paramedical  
Association Public  
Information Officer.

Address: .....