

**FORM 'A'**  
**Form of Application for Seeking Information**

To  
The Assistant Register  
IGNOU, Regional Centre  
C-1, Institutional Area  
Chandrasekharapur  
Bhubaneswar-751013

1. Name of the Applicant
2. Full Postal Address
3. Telephone Number:
4. Fax Number:
5. E-mail:
6. Nationality/Citizenship (Certified copy of Citizenship Required):
7. Particulars of Information Required/Sought

Concerned Department

Particulars of Information required:

- (i) Details of information required:
- (ii) Period of information required:
- (iii) Period for which information asked for:
- (iv) Other details:

I state that the information sought does not fall within the restrictions contained in section 8 of the Act and to the best of my knowledge it pertain 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 Applicant

*Note:-*

- i. Reasonable assistance can be provided by the Competent Authority in filling up the Form A.
- ii. Please ensure that the Form A is complete in all respect and there is no ambiguity in providing the details of information required.

## Acknowledgement of Application in Form-A

I.D. No.....

Dated.....

1. Received an application in Form A from Shri/Ms.....resident of.....under section 28 of the A&N Islands Right to Information Rules, 2005.
2. The information is proposed to be given normally within 15 days and in any case within 30 days from the date of receipt of application and in case it is found that the information asked for can not be supplied, the rejection letter shall be issued stating reason thereof.
3. The applicant is advised to contact the undersigned on.....between 11:00 a.m. and 2:00 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 ascertain the status of his application.

Dated:.....

Signature and Stamp of the Competent  
Authority  
E-mail address.....  
Website.....  
Tel. No.....Fax.....