THE INSTITUTE OF CHARTERED ACCOUNTANTS OF INDIA

Application for obtaining information Under Right to information Act

This format is not prescribed under the Act and hence only recommendatory

1. Name of the Applicant _____
2. Membership /Student Registration No._____
   (If enrolled/registered with the Institute)

3. Address in full _____
   _____
   _____

4. E-mail id:_____

5. Phone number_____
   (including Mobile number)

6. Particulars of the subject matter in respect of which information is required
   _____
   _____
   _____
   _____

7. Particulars of fee of Rs. 10/- Remitted*
   a) Demand Draft/ Pay Order _____
   b) Dated_____

7 Whether any application was made earlier requesting for information and if so the details thereof ._____
_____
_____

Place:
Date:

_____
Signature
Or
Thumb impression

Note : * No fee is required to be paid if the Applicant is below poverty line as determined by the appropriate government (Please attach proof)