

# **RIGHT TO INFORMATION ACT**

## **Application Form**

**Name:**

**Address:**

**Citizenship:**

(Certified copy of citizenship required)

**Information required:**

1.

**Date:**

**Signature**

**Fee:** Rs. 10/- by demand draft in favour of Director, Sree Chitra Tirunal Institute For Medical Science & Technology, Trivandrum or by cash in A/C Section of the Institute to be deposited for each information.

Application is to be sent directly to:

**Dr. S.K.Jawahar**  
**Principal Public Information Officer**  
**Sree Chitra Tirunal Institute For Medical Science & Technology**  
**Trivandrum – PIN 695011**