

APPLICATION FOR SEEKING INFORMATION
UNDER SECTION 6(1) OF THE RIGHT TO INFORMATION ACT, 2005

Application ID No.: _____
(For Official use)

Date: 17/06/2017

Place: Agra

To,

Mr. Shikhar Ranjan,
(Law Officer)

Central Public Information Officer,
Medical Council of India
Pocket – 14, Sector – 8,
Dwarka Phase – 1,
New Delhi - 110077
Delhi, India

- 1) Name of the Applicant: Akhilesh Kumar Sharma
- 2) Father's Name: Kamta Prasad Sharma
- 3) Postal Address: # 56, Vinayak Vihar, Shamshabad Road, Baroli Ahir, Agra - 282001, Uttar Pradesh
- 4) Email address, if any : akhileshkumarsharma1984@gmail.com
- 5) Telephone No. and/or Mobile No: +91-9412722991
- 6) Details of information sought: **As per Annexure – A**
- 7) Format in which information is required: **Hard Copy/Soft Copy over e-mail**
- 8) Mode of delivery expected: Registered post/speed post/ e- mail. Additional fee may be charged to cover the cost of delivery.
- 9) The information can be furnished within 30 days as prescribed under Section 6 (1)/ the information sought for concerns my life and liberty, therefore the information may be furnished to me within 48 hours: No
- 10) I state that the information sought does not fall within the restrictions contained in section 8 and 9 of the Act and to the best of my knowledge it pertains to your office.
- 11) Does the applicant belong to BPL category: No
- 12) I also state that I am a citizen of India and I am eligible to seek information under the Right to Information Act, 2005. Kindly provide me with the information at the address/email id mentioned with the application. I request you to ensure that the information is provided before the expiry of the 30 day period after you have received the application.

13) **Details of the fees paid:** Mode - Indian postal order No. 36F 542725, dated 05/05/2017 of amount ₹.10/-

14) **Please Note:**

- a) As I am not aware of the details to be filled in the "To Pay" & "At the Post Office At" sections of the enclosed IPO, I have left it blank.
- b) Therefore, I kindly request you to render reasonable assistance in-accordance with the letter & spirit of the provision of section 5(3) of the RTI Act, and thereby fill in appropriate details in the "To Pay" & "At the Post Office At" sections of the enclosed IPO.

15) **List of enclosures:**

- a) Indian postal order No. 36F 542725
- b) Annexure - A
- c) Acknowledgement Form for Application



(Signature)

Name: Akhilesh Kumar Sharma

Postal Address: # 56, Vinayak Vihar
Shamshabad Road, Baroli Ahir,
Agra - 282001, Uttar Pradesh

Annexure - A

1) Particulars of information:

a) Concerned office/ department: **Medical Council of India
Pocket - 14, Sector – 8,
Dwarka Phase – 1,
New Delhi – 110077,
Delhi, India**

b) Particulars of information required:

i) Details of information required:

(1) If a medical student has done M.B.B.S from a recognized college in India and postgraduate from IOM Kathmandu through a combined entrance test for students of SAARC countries. Can he/she practice in India as a postgraduate doctor?

ii) Period for which information asked for: **Till date of reply.**

iii) Other details: **Provide the certified copy of documentary evidence in support of your reply.**

2) If you feel that above requested information does not pertain to your department then please follow the provisions of Section 6(3) of the RTI Act, 2005.

3) Also as per the provisions of the RTI Act, 2005 please provide the details (Name and Designation) of the first appellate authority w.r.t your department with the reply to the above request where I may if required file my first appeal.