

FORM "A"

Section 6(1) & 7(1) of the RTI Act 2005

To,

Director

All Indian Institute Of Speech and Hearing  
Manasagangothri Mysore.

1. Full Name Of Applicant	Manikanta
2. Address	Manikanta S/o Siddanayaka Chikkathuppuru Village and Post Gundlupet Taluk Chamarajanagara District.
3. Details of Document /Inspection Same required	CAR No : 437471 Manikanta Date : 01/05/2017 Audiology & Audiometry Chest test report certified Copy.
4. Year to which the above relates	2016-17 Date : 01/05/2017
5. Designation and address of the Public Information Officer from Whom the information is required	Director All India Institute of Speech and Hearing Manasagangothri, Mysore

Application Fee of Rs 10/- is Paid by Cash /I.P.O /D.D Bankers Cheque  
No : - - 32F, 825807

Date : 25/07/2017

Place : Chikkathuppuru

  
Signature of the Applicant

अखिल भारतीय बच्चों का भाषण मन्दाल  
मानसगोथरी, मೈसूरु - 570 006  
All India Institute of Speech and Hearing  
Manasagangothri, MYSORE-570 006  
सं/No. 1.1.290 ति/Date: 25/7/17

CPIO

25-7-17

21-7-17

