

Application Form under Rights to Information Act, 2005- Section 6 (1)

1. Name of the Applicant: Dr. G.L. Titoni
2. Address: 1203 Shahi Naka
Garha, JABALPUR- 482 003 (M.P.)
3. E-mail: drgltitoni@gmail.com
4. Phone No.: 0-9893072365
5. Name of Office: CCIM, New Delhi.
6. Date of dispatch of application: ONLINE on 29-05-2017.
7. Subject Matter: Details of Teaching Staff in Ayurveda Colleges/Institutes/Societies during CCIM Visitation.
8. **Details of Information requested- Attested certified xerox-copies of documents as under:-**
Details of department wise Teaching Staff in Ayurveda Colleges/Institutes/Societies which were provided as per "Visitation Proforma" by the respective organizations during Visitation by CCIM for grant of affiliation for the years mentioned below:-
 - (a) Ganga Education Society's Ayurvedic Medical College, Kolhapur- 416012 for the years 1995 till 2000 (total six years).
 - (b) Ayurvedic Faculty of Maharshi Mahesh Yogi Vedic Vishwavidyalaya, Campus Gwalior, 33/501, Aacharan Building, Jhansi Road, Gwalior- 474009 for the years 1993 till 2000 (total eight years).
 - (c) Ayurvedic Faculty of Maharshi Mahesh Yogi Vedic Vishwavidyalaya Campus-Jabalpur, 871 Napier Town, Jabalpur- 482002 for the years 1993 till 2000 (total eight years).
 - (d) Baba Mastnath Ayurved Mahavidyalaya, Asthal Bohar, Rohtak (Haryana) for the years 1996 till 2009 (total 14 years).
9. Period to which the information relates: 1995 till 2009.
10. Processing Fee Rs. 10/- paid online.
11. What is required: **Attested certified Xerox copies of documents.**
13. How the applicant would like his application to be sent: **By speed post.**
12. Due date by which information is to be furnished: **At your earliest.**

Jabalpur
Date: 29-05-2017


(Dr. G.L. Titoni)
Applicant