

RTI Application Form

Applicant I.D. No. _____

File No. - _____

(For Official use)

Dated:

To,
The Central Public Information Officer ,
The New India Assurance Company Limited,
Head Office / Regional Office - I / II,

(Strike Out Whichever not Applicable)

PIN - _____

Sub:- Request for information under RTI-Act 2005

Dear Sir,

I _____ Son / Daughter / Wife of _____

Resident of _____

Telephone No. (with STD Code) / Mobile No. - (_____) _____ wish to

seek information, under the RTI Act, 2005 from The New India Assurance Company

Limited. I here by, declare that I am a Citizen of India and the information sought in

this application will be used in the best of the Public Interest . I further assure you that,

I shall not allow/ cause to use / Pass /share / display / or circulate the information

received in any case and under any circumstances, with any person or in any manner

which would be detrimental to the Unity / Sovereignty or against the Interest of India.

1. The information needed is in the form of _____ Documents / Clarification.

(Plz. Tick whichever applicable)

2. The Information sought pertains to your

BRANCH / DIVISION / REGIONAL OFFICE - _____

(Strike Out Whichever not Applicable)

3. The Information sought pertains to your HEAD OFFICE - _____ (BO / DO/ RO Code / Place)

Deptt..

4. The Required Information is for the period - _____ to _____

5. The information sought is related to the

POLICY No. _____ Dated _____

CLAIM No. _____ Dated _____

6. The information sought is related to _____ Myself / Third Party

(Plz. Tick whichever applicable).

7. The particular / details of Information / Documents asked for is given below:-

8. I have deposited the required RTI Fee amount of Rs.10/- (Rupees Ten only) towards

application fee through CASH (Receipt enclosed) / Demand Draft / Banker's Cheque /

Indian Postal Order _____ favoring ' THE NEW INDIA

ASSURANCE COMPANY LIMITED' Payable at _____ (the place where

applicat on is deposited) and the instrument bearing No. - _____ Dated _____

Further, I also undertake to pay any additional fees/charges (if applicable) as prescribed under the RTI Act.

9. It is certified that I do fall under the category Below Poverty Line (BPL), and an attested copy of the relevant certificate (issued by the competent authority) is enclosed herewith for your kind perusal. (Please strike out if not belonging to the BPL category)

Kindly provide the information as soon as possible & within time frame as stipulated under RTI Act,2005.

(Signature of the Applicant)

Fax No. :

E-mail Address :

- P. S.- 1. Please **fill the application form in CAPITAL letters**
2. The above **Application form is Optional & NOT Compulsory** .

FOR OFFICE USE :-

A. THE Application Has been

D D M M Y Y Y Y

1. Received on ---

2. Received through --

POST / E-MAIL / In PERSON

(Strike Out Whichever not Applicable)

3. Received By (Name of Person)- _____

B. Designation of Person Receiving Application _____

C. Office particulars where Application was received _____

D. The Application has been Forwarded to (Name of Person concerned / Office Particulars) - _____

E. Signature & Stamp of the Person Receiving RTI Application - _____