

**APPLICATION FORM**

(for obtaining record under the Right of Access to Information Act, 2017)

Name of applicant \_\_\_\_\_ Father's Name \_\_\_\_\_

CNIC NO. \_\_\_\_\_ (copy of CNIC/NICOP be attached)

Address \_\_\_\_\_

\_\_\_\_\_ Contact No. \_\_\_\_\_

(Email-address \_\_\_\_\_)

Subject matter of record requested \_\_\_\_\_

I do hereby solemnly affirm and declare that the above contents of this application are true and correct.

Signature \_\_\_\_\_