

RTI APPLICATION U/S 6(1), RIGHT TO INFORMATION ACT, 2005

Date: \_\_\_\_\_

To,  
State Public Information Officer  
Appropriate Authority (PCPNDT Act 1994),  
Office of the District Magistrate,  
\_\_\_\_\_ District,  
Address \_\_\_\_\_

**A. Contact details:**

1. Name of the Applicant:

2. a) Mailing Address:

b) Tel. No:

c) E-mail:

3. Whether a citizen of India

Yes  No

**B. Details of information sought:**

1. Specify the particulars of information required:

- i. Kindly provide the list of registered ultrasound centres/facilities in the district \_\_\_\_\_.
- ii. Kindly provide details of the number of inspections conducted in the district \_\_\_\_\_ since January 2019 and key findings from these inspections.
- iii. Kindly provide details of the number and nature of offences committed under the PCPNDT Act, 1994 in the district \_\_\_\_\_ since January 2019 and the follow up action taken against the offenders.

2. Time period for which information is required: January 2019 to present.

**C. Details of fee paid:** Rs. 10/- (Ten Rupees Only) via Indian Postal Order bearing no. \_\_\_\_\_ dated \_\_\_\_\_.

Signature of the applicant