

**FORM 'A'**  
**National Allied and Healthcare Professional Association**  
**Former Name: Indian Paramedical Association**  
**FORM OF APPLICATION FOR SEEKING INFORMATION**  
**See Rule 5 (1)**

Membership I.D. No. \_\_\_\_\_ - (For official use)

To

The President/Secretary  
National Allied and Healthcare Professional Association (NAHPA)

\_\_\_\_\_  
\_\_\_\_\_

1. Name of Applicant :
  2. Father's name :
  3. Permanent Address :
  4. Temporary Address :
  5. Weather a citizen of India :  
(Please enclose your certified copy of Certificate of Identification, Electoral Roll or Passport as proof.)
  6. Weather affiliated to any :  
(NGO, Social Organization, Association, Political Organization, etc. If so, the particulars of NGO, Organization, Association, Political Organization.)
  7. Concerned Department :
- Particulars of information –
- (i) Details of information required (please be specific by giving details
  - (ii) Period of which information is asked for,
  - (iii) The Geographical area to which the Information relates (with specific details)
  - (iv) Other details
8. I ..... that the information sought does not fall within the restriction contained in Section 6 of the Act and to the best of my knowledge it pertains to your office.
  9. A fee of Rs. \_\_\_\_\_ has been deposited in the office of the Competent Authority vide No. \_\_\_\_\_ dated \_\_\_\_\_

Place:

Date:

Signature of the Applicant

Tel. No. (Office) \_\_\_\_\_

(Residence) \_\_\_\_\_

Note: (i) Please ensure that the Form A is complete in all respects and there is no ambiguity in providing the details of information required