

APPLICATION FOR INFORMATION

Name of the Person seeking information: _____

Full Postal Address for Communication: _____

EMAIL: _____

Telephone No: _____ **Mobile:** _____

Details of Documents Required:

***Particulars of Payment Made: Cash/Cheque/Draft , Number/Dated**

Rs 10/-

SIGNATURE OF THE INFORMATION SEEKER

- 1. Request for information (records/documents) can be sent through post / e-mail/in-person.**
- 2. WEBSITE:** [Kasturba Gandhi College](#)
EMAIL: kasturbaprincipal@gmail.com
Mobile No: 9100700545