

## **Form B**

[See rule 4 (4)]

From

State Public Information Officer/  
State Assistant Public Information Officer  
(Name of Department/Office)

To

Name and address of the applicant.

Sir,

Please refer to your application dated \_\_\_\_\_ addressed to the undersigned requesting information regarding \_\_\_\_\_. The additional fee for supplying this information to you is Rs. \_\_\_\_\_.

2. You are hereby informed to pay the fee at this office either in cash or in a Government treasury through challan and send a copy of the challan to this office within a period of fifteen days and collect the information on \_\_\_\_\_.

3. The amount of fee shall be deposited in the receipt head/account No. (to be intimated to the applicant by the concerned department.)

**State Public Information Officer/  
State Assistant Public Information Officer.**

Financial Commissioner and Principal Secretary  
to Government, Haryana,  
Administrative Reforms Department.