**FORM ‘B’**

**Information for Payment**

From

Name & Designation of the State Public Information Officer / State Assistant Public Information Officer

To,

 Name of the applicant

 Address

Sir,

 Please refer to your application dated \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ addressed to the undersigned requesting information on …………………………... I am to inform you that the following amount towards cost for providing information may be deposited in cash, to enable the undersigned to furnish information sought for.

 Please make payment within a period of fifteen days from the date of receipt of this intimation failing which the application shall be rejected.

Fee …………….

 Yours faithfully,

Place:

Date:

State Public Information Officer/ State Assistant Public Information Officer