

**APPLICATION FOR INFORMATION**

**Name of the Person seeking information:**

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**Full Postal Address for Communication:**

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**EMAIL:**

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**Telephone No:** \_\_\_\_\_ **Mobile:** \_\_\_\_\_

**Details of Documents Required:**

**\*Particulars of Payment Made: Cash/Cheque/Draft , Number/Dated for Rs 10/-**

**SIGNATURE OF THE INFORMATION SEEKER**

- 1. Request for information (records/documents) can be sent through post /e-mail/in-person. (Acknowledgment should be received)**
- 2. WEBSITE: [lfdc.edu.in](http://lfdc.edu.in)**
- 3. EMAIL: [principal@lfdc.edu.in](mailto:principal@lfdc.edu.in)**
- 4. Mobile No: 7673960152**