FORM – F [See rule 4 (2)]

Transfer of application pertaining to other Authority

From:			
	The Chakma District Public	c Information Officer,	
	Chakma Autonomous Distr	ict Council,	
	Kamalanagar: Mizoram.		
		No	
		No Dt	
To,			
	Shri/Smt./Miss.		
	Address :		
Sir/Madam,			
Sii/Mauaiii,	Please find herewith an app	olication from Shri/Smt.	
(ID No	r rease that here with an app	Dt	
for reasons st			/
	Required information does	not fall within the jurisdiction of the Chakma A	Lutonomous
District Coun	ncil. As it falls within the juris	diction of your department officer, the same is	transferred
herewith to y	ou for further necessary action		
(D		eant has paid Rs.	
(Rupees	14-1-1	only on accou	ant of fees
charges for o	btaining required information v	which has been credited to the Council Fund.	
		Yours faithfully	
		()
		Chakma District Public Informati	· ·
		Chakma Autonomous District	
		Kamalanagar: Mizorai	
Telephone No	0	6	
e-mail			
web site			
Copy to :- Sh	ri/Smt.		
(Applicant)			

1. As your application pertaining to required information doesn't fall within the Jurisdiction of this Chakma Autonomous District Council, it has been transferred to the State Public Information officer having jurisdiction. You are requested to contact the State Public Information Officer mentioned above.