

SIC/HO/RTI/CPIC(22)/2015-16

15/9/15

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Regd.

Date : 11/07/2015

To  
The Public Information Officer  
The NSIC Limited  
NSIC Bhawan, Okhla Industrial Estate,  
New Delhi - 110020

Sir,  
I hereby request you to provide me the following information, under provision of the  
Right to information of 2005./RTI Act 2005

1. Detail of information sought:-

Please send me Copy of Single Point Registration Certificate issued by you to M/s  
Hymatic Agro Equipments Pvt. Ltd., A - 64, Sector - 2, Noida, U.P.

(ii) Type of information required - AS ABOVE

(iii) The time period for which the information relates to - AS ABOVE

2. (i) Name of the applicant (in block letters):- NARESH

(ii) Mailing Address: - F-168 C, Ground Floor, Rajouri Garden, New Delhi-27

(iii) Permanent Address AS ABOVE

(iv) Telephone No. \_\_\_\_\_X\_\_\_\_\_ (v) Mobile No. \_\_\_\_\_X\_\_\_\_\_

(v) E-Mail If any \_\_\_\_\_NIL\_\_\_\_\_

3. Specify the particulars of information required:-

(i) Inspection of record \_\_\_\_\_X\_\_\_\_\_ (ii) Copy of Document \_\_\_\_\_Yes\_\_\_\_\_

(iii) Sample of Material \_\_\_\_\_X\_\_\_\_\_ (iv) Other Information \_\_\_\_\_X\_\_\_\_\_

4. Whether Applicant belongs to below poverty line category\_\_\_\_\_No\_\_\_\_\_

(i) Proof of BPL attached\_\_\_\_\_No\_\_\_\_\_

5. Details of fee paid Rs. 10 only cash/demand draft

(i) Cash receipt No. \_\_\_\_\_X\_\_\_\_\_ (ii) Bank Draft No. \_\_\_\_\_X\_\_\_\_\_

Bank Branch\_\_\_\_\_X\_\_\_\_\_ (iii) Postal Order No. 21F 274842 Per Rs 10/-

6. Whether information is required (i) By post\_\_\_\_\_Yes\_\_\_\_\_ (ii) in

Person\_\_\_\_\_No\_\_\_\_\_

I hereby declare & confirm that I am Indian citizen & as such I am entitled to seek information under R.T.I. Act 2005.

*Naresh*

Signature of the applicant

NARESH

Name in block letter

7. For office use only

(i) Received By\_\_\_\_\_ (ii) E-Mail\_\_\_\_\_ (iii) In Person\_\_\_\_\_

(iv) Registered as R.T.I No. \_\_\_\_\_ Dated\_\_\_\_\_

(a) Whether information sought relates to third party?

(b) If Yes his name & address\_\_\_\_\_

Signature & Name of Receiving Officer