

INDIAN INSTITUTE OF INTEGRATIVE MEDICINE
(Council of Scientific and Industrial Research)
Canal Road Jammu-180001

PUBLIC REQUEST

1. Name:.....

2. Address:.....

3. Email:.....

4. Phone number:.....

5. Fee Details: DD/Cheque No.Date.....for Rs.....

Name of the Bank:.....Branch.....City.....

6. Brief Description of Request :-

Date :

Signature:

Note - Please make your request by completing the above form. In order for your request to be processed you must complete either the Name and correspondence Address or E-mail address. The personal information provided on this form is protected under the provisions of the Access to Information Act and the Privacy Act.