

# THE RIGHT TO INFORMATION ACT, 2005

(Application for Obtaining Information)

From

Applicant Name

Full Postal Address

Mobile: XXXXXXXXXX

Email: example@gmail.com

To

The Public Information Officer

Telangana Health & Family Welfare Department

[Office Address / District Medical Health Office / Hospital Superintendent Office]

Subject:

Request for Information under RTI Act, 2005 regarding Hospital Services, Medical Records, Health Schemes, and Departmental Administration

Respected Sir/Madam,

I, [Applicant Name], am filing this RTI application under the Right to Information Act, 2005. Kindly provide the following information:

1. Certified copies of patient medical record / case sheet / treatment summary for patient [Patient Name / IP No.] admitted on [date] at [Hospital Name].
2. Status of health scheme application submitted under [Aarogyasri / KCR Kit / Arogya Lakshmi / etc.] with action taken report (ATR).
3. Certified copy of inspection reports / hospital audit reports / infection control and safety reports conducted at [Hospital Name] for the period [from] to [to].
4. Certified details of staffing pattern in the hospital including sanctioned posts, filled posts, and vacancies for doctors, nurses, and support staff.
5. Certified copy of budget allocation and expenditure details for hospital infrastructure, medical equipment, and medicines during the period [year].

6. Details of complaints registered regarding treatment negligence / delay / behaviour / emergency response, and corresponding action taken report.
7. Certified data on availability of emergency services, ICU beds, ventilators, ambulances, and blood bank stock status during [period].
8. Name, designation, and contact details of the Medical Superintendent / DMHO / Programme Officer / RTI PIO responsible for handling the records.

#### Application Fee

₹10/- IPO / Court Fee Stamp / Online payment / DD

#### Declaration & Requests

I am a citizen of India.

If information pertains to another authority, kindly transfer it under Section 6(3).

If additional fee is required, please inform me under Section 7(3).

Please provide FAA contact details in reply as per Section 7(8).

Yours sincerely,

Applicant Name