

**MINISTRY OF DEFENCE**  
(Office of JS & CAO)  
(DEFENCE HEADQUARTERS TRAINING INSTITUTE)

**Sub: WORKSHOP ON RIGHT TO INFORMATION ACT**  
**ON 19 August 2019**

1. The Defence Headquarters Training Institute will be conducting a workshop on "*Right to Information Act*" on 19 August 2019 in its premises located at B-Block, Room No. 185-A. The workshop will be held from 10:00 AM to 04:30 PM.
2. **Eligibility:** The workshop is meant for all AFHQ officers and Service officers working in various Service HQs/ISOs who are dealing with or are expected to deal with Right to Information Act.
3. **Aim of the course:** The aim of the course is to equip the participants with knowledge and skills to handle the work of PIOs and help the Ministries/Departments/Organisation in implementing the provisions of the Right to Information Act.
4. **Objectives:**
  - a) Describe the purpose and concept of Right to Information.
  - b) Explain the salient features of Act and possible implications
  - c) Describe the process of seeking and providing information
  - d) List exemptions prescribed
  - e) Explain procedure of appeals and penalties imposable by Information Commission
  - f) Describe Responsibilities of Public Authorities
  - g) List out recent development; in the field of RTI.
5. The workshop capacity is 25 participants. Nominations will be accepted on first come first served basis. The applications of eligible officers desirous of undergoing the workshop may be forwarded by **14 August 2019**, as per proforma at Appendix 'A' to this note, duly recommended.



(B K JOSHI)  
Dy Director (S.S), DHTI  
Tele : 23011937

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**CAO/ EDP Cell** : For uploading on CAO's website

**WORKSHOP ON RIGHT TO INFORMATION ACT**  
**( 19 AUGUST 2019)**

**APPLICATION PROFORMA**

1. Name (English) : Sh/Smt/Kum. \_\_\_\_\_  
(Hindi) : \_\_\_\_\_
2. Date of Birth : \_\_\_\_\_
3. Designation & Date of Appt  
in the Grade : \_\_\_\_\_
4. Employee ID No.\* : \_\_\_\_\_
5. Present functional area &  
broad job description : \_\_\_\_\_
6. Office Address (Including  
Room No., Block, Wing, Building etc.) : \_\_\_\_\_  
\_\_\_\_\_
7. Office Telephone No. : \_\_\_\_\_
8. Mobile No. : \_\_\_\_\_

I confirm that I shall attend the classes as per the mandated date and time.

(Applicant's Signature)

**RECOMMENDATION OF THE OFFICER UNDER WHOM WORKING**

Certified that in the event of selection, Shri/Smt/Kum  
\_\_\_\_\_ for the course, he/she will be relieved by this  
office to attend the workshop.

Date

Signature  
Name & Designation  
Office & Tele No.