


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

Sub: WORKSHOP ON RIGHT TO INFORMATION ACT
ON 04 NOV 2019

1. The Defence Headquarters Training Institute will be conducting a workshop on "*Right to Information Act*" on 04 Nov 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/Organisations in implementing the provisions of the Right to Information Act.
4. **Objectives:**
 - a) Purpose and concept of Right to Information.
 - b) Salient features of Act and possible implications
 - c) Process of seeking and providing information
 - d) List of exemptions prescribed
 - e) Procedure of appeals and penalties imposable by Information Commission
 - f) Responsibilities of Public Authorities
 - g) Recent developments in the field of RTI.
5. The workshop capacity is 25 participants. Nominations will be accepted on first come first basis. The applications of eligible officers, desirous of undergoing the workshop, may be forwarded by **01 Nov 2019**, as per proforma at Appendix 'A' to this note, duly recommended.


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MoD, O/o JS & CAO, ID No. A/26003/12/CAO/Trg dated 10 Oct 2019

WORKSHOP ON RIGHT TO INFORMATION ACT
(04 NOV 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.

* EMPLOYMENT ID NO. IS MANDATORY