

Registration No.:

**STRUCTURAL ENGINEERING RESEARCH CENTRE**  
(Council of Scientific and Industrial Research)  
CSIR Campus, TTI Taramani P.O. Chennai 600 113.  
Phone : 044-2254 9163 Fax: 044-2254 1508  
E-Mail: [pio@sercm.csir.res.in](mailto:pio@sercm.csir.res.in)

Passport Size  
Photo

**Information Request Form**

Ref No: PIS/SERC/2005-06/

Dated:

1. Full name of the applicant :
2. Age :
3. Nationality & ID\* :
4. Profession :
5. Office Address :
  
6. Residence Address :
  
7. Phone : (Office)  
: (Residence)
8. Fax :
9. E-Mail :
10. Particulars of information required :
  - i. Nature of information required :
  
  - ii. Name of the lab/division/section to which the information relates :
  - iii. Subject matter of information :
  - iv. The year and place or area to which the information relates :
  - v. Purpose for which the information is required : Private/Public/Others
  - vi. Details of fee Paid\*\* :

I certify that the particulars given above are true & correct. Further, I certify that the information sought does not fall within the restrictions contained in **Clause 8 of the Act** and to the best of my knowledge it pertains to your office.

PLACE :

DATE :

SIGNATURE OF THE APPLICANT

\* **Proof of Identification – to be attached**

\*\* **Non refundable processing fee of Rs. 10/-** in the form of Cash or **Demand draft** favoring “**Director, SERC, Chennai** “ payable at Chennai, to be sent along with application addressed to **Public Information Officer, SERC, Taramani, Chennai 600 113.**