## INDO GERMAN TOOL ROOM, INDORE

## FORM B

## TRANSFER OF APPLICATION FORM

		Dated:			
	From				
	No.F				
	То,				
		_			
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ea	Sir/Madam,	ation: I.D. No	datad		
	Please refer to your application			to	the
	The requested information	does not fall within	the jurisdiction of t	his comp	petent
uth	ority and, therefore, your app	vlication is being refe	erred herewith to S	hri	
3.	This is supersession of the	acknowledgement	given to your on	<u> </u> .	
			Yours faith	fully,	
		Competent Authority			
		Name &			
		Designation			
		address:			
			Web-site:		
			Tel./MobNo:		