



**PUNJAB RIGHT TO SERVICE ACT 2011**  
**HEALTH DEPARTMENT, PUNJAB**  
**FORM FOR SEEKING SERVICE**

**RIGHT TO SERVICE**

**Service asked for:** **COPY OF POST MORTEM REPORT**

1.	Date of Application		
2.	Name of the Applicant		
3.	Father's/ Husband's Name		
4.	Residential Address	Village/ Town	Post Office
		Tehsil	District
		Phone/Mobile No.	
		E-mail ID, (if any)	
5.	Name of the Deceased		
6.	Sex (Male/ Female)		
7.	Deceased Father/Husband's Name		
8.	Deceased Mother Name		
9.	Residential Address of the Deceased		
10.	Date of Death & Time		
11.	Name of Hospital/Medical Institution where Post Mortem conducted		
12.	Date of Post Mortem		
13.	Documents to be Attached	Nil	
14.	Signature/ Thumb Impression of the Applicant		

**FOR OFFICE USE**

1.	Acknowledgement Receipt No.		2.	Date	
3.	Date by which service to be provided		4.	Fees/ Facilitation Charges, if any	Rs. 50/- per copy
5.	Name of Designated Officer		6.	Designation	
7.	Location		8.	Signature of D.O./ Receiving Officer	

**ACKNOWLEDGEMENT SLIP**

1.	Acknowledgement Receipt No.		2.	Date	
3.	Date by which service to be provided		4.	Fees/ Facilitation Charges (if any)	
5.	Service asked for	Copy of Post Mortem Report			
6.	Documents Attached	Nil			
7.(a)	Name of Designated Officer		(b)	Designation	
(c)	Location		(d)	Signature of Designated Officer	

**It is your right to seek service within stipulated time limit.**

