

RTI Application Form
FORM 'A'
See Rule 3(1)

I. D. No.
(For Office Use Only)

To
The Public Information Officer/
Assistant Public Information Officer, POWERGRID Corporation of India Ltd.

1. Full Name of The Applicant : Jitendra Kumar Nayak
2. Father Name/Spouse Name : Late Bhagirathi Nayak
3. Permanent Address : At/PO- Pandaram
: via- Kalapathar
: Dist- cuttack, 754009
4. Correspondence Address :
: - Same as above -

5. Particulars of The Information Solicited

- a) Subject Matter of Information (*) : a) Copy of the bipartite agreement between the Management and Union with regard to employment to one of the dependants of a deceased workman
- b) The period to which information relates (**):
- c) Specific Details of Information required (***) : b) Copy of the Rehabilitation Assistance scheme as applicable to POWERGRID
c) The total break-up of the Death-cum-retiral benefits granted to Late Bhagirathi Nayak's wife Smt Hulas Nayak

- d) Whether information is required by Post or in person (the actual postal fees shall be included in additional fee in providing the information) : BY POST
- e) In case by Post (ordinary/registered or speed post) : REGISTERED SPEED POST

6. Is this information not made available by public authority under voluntary disclosure? : NOT MADE AVAILABLE
7. Do you agree to pay the required fee? : YES
8. Have you deposited application fee? (If Yes, Details of such deposit) : YES
: NO
9. Whether belongs to below Poverty Line category? (If yes, you furnished the proof of the same with application?) : NOT APPLICABLE

Place:
Date:

Jitendra Kumar Nayak
Signature of Applicant

- (*) Broad Category of the subject to be indicated (such as grant of government service matters/Licenses etc.)
(**) Relevant period for which information is required to be indicated.
(***) Specific details of the information are required to be indicated.

Copy on hand
Dir (Pers.) dtd 6/6
ED (CP) 6/6
(M/R)

Comp. Secy
6/6
6/6
9/6/14

Sr PO
741142
10/6

21/11/14
6/6
6/6

Sh Babu
9/6
10/6

682-112000
6/6

9/6/14
9/6

Name of the Department or Public Authority

FORM "B"
[See rule 3 (2)]

Acknowledgement

Office of the State Public Information Officer

Received the application form from

Mr/Ms _____ :

Address _____ :

Seeking information on (Subject to be specified) _____ :

Vide Diary No.: _____ Dated: _____

Place
Date

Full Name of State Public Information Officer/
State Assistant Public Information Officer

Designation and Seal