

**RTI REQUEST DETAILS**

<b>Registration No. :</b>	PGCIL/R/E/20/00398	<b>Date of Receipt :</b>	06/10/2020
<b>Type of Receipt :</b>	Online Receipt	<b>Language of Request :</b>	English
<b>Name :</b>	Varghese Mathew	<b>Gender :</b>	Male
<b>Address :</b>	C/o Manoj Kawle, MSEB colony, Brahmपुरi, Pin:441206		
<b>State :</b>	Maharashtra	<b>Country :</b>	India
<b>Phone No. :</b>	+91-9460728094	<b>Mobile No. :</b>	+91-9460728094
<b>Email :</b>	vmathew10532@gmail.com		
<b>Status(Rural/Urban) :</b>	Rural	<b>Education Status :</b>	
<b>Is Requester Below Poverty Line ? :</b>	No	<b>Citizenship Status</b>	Indian
<b>Amount Paid :</b>	10 )	<b>Mode of Payment</b>	Payment Gateway
<b>Does it concern the life or Liberty of a Person ? :</b>	No(Normal)	<b>Request Pertains to :</b>	
<b>Information Sought :</b>	<p>1. Please furnish the details of accidents reported from project construction sites, Substation and TL operation &amp; maintenance in POWERGRID from 1st January 2015 to till date in the format enclosed as annexure A.</p> <p>2. Please furnish the details of projects which reported a nil accident report till completion of the projects in POWERGRID from 1st January 2015 to till date.</p> <p>3. Please furnish the details of communication to be made with other agencies or Govt departments in case of accidents in Powergrid.</p> <p>4. Please provide the copy of communications made as per the answer of above query no 3. from January 2015 to till date.</p> <p>5. Please provide the details of fixing responsibility in case of accidents on safety lapses in Powergrid.</p> <p>6. Please provide the copy of communications made as per the answer of above query no 5. from January 2015 to till date.</p> <p>7. Please furnish the details of fixing responsibility in case of accident on safety lapses by contracting agency.</p> <p>8. Please provide the copy of communications made as per the answer of above query no.7 from January 2015 to till date.</p> <p>Annexure A</p> <p>a. Name of Project and executing agency/Substation/TLM region wise</p> <p>b. Nature of accident i.e. Fatal /non-fatal</p> <p>c. No. of causalities</p> <p>d. Whether Powergrid employee or contract Labour.</p> <p>e. Please furnish details of enquiry committee and copy of report.</p> <p>f. Compensation paid and furnish copy of receipts as per workmen compensation act.</p>		
<input type="button" value="Print"/> <input type="button" value="Save"/> <input type="button" value="Close"/>			