## FORM - A

## See Rule - 4 (1)

## Application for Information under section 6(1) of the act.

То

The Public Information C	Officer
Managiny Dire	ctor. PGCIL
Register Book	NEladrivitar, C.SPUY, Bhubaneswa
1. Full Name of the applica	nt. Sisira Kumar Panigrahy.
2. Father / Spouse Name	Sie Kushadhar Panegrahy
3. Permanent Address	
	Ayochyanagar, 2nd line, Beshempur, Dist-Gornjam,
	Odisha, PIN-760010
	mob: 94374 48748
4. Particulars in respect of	Identity of the applicant
Citizen ob	Prodie, Enclosed: voter I.D.
5. Particulars of information	
A. Subject Matter of inf	formation Biodata & Es Madhulmita
Mahapaton, E	x temporary stabit.
	the information relates
2) Biodota Oliter	Machusmita Mahapatho,
D. Whether information	n is required by post or in person
	arges shall be included in providinginformation)
E. In case by post (Ord	linary, Registered or Speed Post)
Registered	post.

6 Address to which im	formation will be part 0 in which forms
Cicia Munich in	formation will be sent & in which form.
Books No	Dist-Gam John, odtsha 1 720-760010 provided earlier No mas-94344 48748
7. Has the information	provided earlier No mas-94344 48748
	ot made available by the public authority No.
	or made available by the public authority
9. Do you agree to pay	the required fee Nes. 708
10. Have you deposited	application fee Yes, Faid
(If yes details of such	n deposit)
Postal order	RSJOF- enclosed vede Notes 2010 Dated 9/
THE RESERVE OF THE PARTY OF THE	Control of the Contro
11. Whether belongs to b	BPL category, have you furnished the proof of the same
No-	
_	Congression L. P.
Place Boshompan.	Full Signature of the applicant
Date 9, 2 - 21	Address
	Ageolyponagar, 2nd line.
	Ageolyponagar, 201 d lène. Bestrom pur - Dist-Gam Jan
	Odisha, PIN - 760010.
OFFICE OF T	THE BURNES INCORMATION OFFICER
2	THE PUBLIC INFORMATION OFFICER
Received the application from	agar 2nd line, Boxhampus -10
Address Ayadhuan	axors 2nd line Boxhamour -10
Dése Comotan	odick a
- Our	
On	seeking information
VIII	- seeking information
Place :	Full Name of Public Information Officer
Date :	Designation & Seal