

| <b>RTI REQUEST DETAILS</b>                                 |   |                              |                      |
|--|---|------------------------------|----------------------|
| <b>Registration No. :</b>                                  | PGCIL/R/T/21/00080  | <b>Date of Receipt :</b>     | 16/08/2021           |
| <b>Transferred From :</b>                                  | Ministry of Power on 16/08/2021 With Reference Number : POWER/R/E/21/00583  |                              |                      |
| <b>Remarks :</b>   | The application is transferred under Section 6(3) of the RTI Act, 2005.   |                              |                      |
| <b>Type of Receipt :</b>                                   | Electronically Transferred from Other Public Authority  | <b>Language of Request :</b> | English              |
| <b>Name :</b>  | Naveen Kumar  | <b>Gender :</b>              | Male                 |
| <b>Address :</b>   | W.No.27,JJ Colony, Pin:225055   |                              |                      |
| <b>State :</b>   | Haryana   | <b>Country :</b>             | India                |
| <b>Phone No. :</b>   | Details not provided  | <b>Mobile No. :</b>          | +91-9466209494       |
| <b>Email :</b>   | sckulria@yahoo.com  |                              |                      |
| <b>Status(Rural/Urban) :</b>                               | Urban   | <b>Education Status :</b>    | Above Graduate       |
| <b>Letter No. :</b>  | Details not provided  | <b>Letter Date :</b>         | Details not provided |
| <b>Is Requester Below Poverty Line ? :</b>                 | Yes   | <b>Citizenship Status :</b>  | Indian               |
| <b>Amount Paid :</b>                                       | 0 )   | <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>                                | Kindly supply the following information about Persons with Disabilities working under your kind control in the Public interest-<br>Name of Employee<br>Designation with Office name<br>Age<br>Date of first appointment<br>Category of Disability (OH/HI/VI) with Percentage<br>Contact no.<br>Email id |                              |                      |
| <b>Original RTI Text :</b>                                 | Kindly supply the following information about Persons with Disabilities working under your kind control in the Public interest-<br>Name of Employee<br>Designation with Office name<br>Age<br>Date of first appointment<br>Category of Disability (OH/HI/VI) with Percentage<br>Contact no.<br>Email id |                              |                      |

