

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

1. Full Name of The Applicant : SUDHA RAMAMURTHY
2. Father Name/Spouse Name : B. RAMAMURTHY
3. Permanent Address : 2, POORNA PRASAD RD
HIGHGROUNDS
BANGALORE - 560001. (PH: 9900014308)
4. Correspondence Address : SAME AS ABOVE
5. Particulars of The Information Solicited
a) Subject Matter of Information (*) : ANY APPLICATION FILED FOR COMPENSATION
BY K. ANAND
b) The period to which information relates (**): JAN 1999 - 2022
c) Specific Details of Information required (***) : ONE PARTY NAMED K. ANAND
IS KNOWN TO HAVE APPLIED FOR COMPENSATION DUE TO
RUNNING OF HIGH TENSION WIRE OVER THE BELOW
SAID SURVEY NUMBER: 2/1 & 2/2 MADAPANAHALI VILLAGE
HESSARGATTA HOBLI, YELAHANKA TALUK
WE REQUEST POWERGRID CORPORATION OF INDIA LTD
TO FURNISH THE AFOREMENTIONED APPLICATION BY K. ANAND
UNDER RTI ACT.
d) Whether information is required by Post : IN PERSON
or in person (the actual postal fees shall be :
included in additional fee in providing the information)
e) In case by Post (ordinary/registered : N/A
or speed post)
6. Is this information not made available by : NO
public authority under voluntary disclosure?
7. Do you agree to pay the required fee? : YES
8. Have you deposited application fee? : YES
(If Yes, Details of such deposit) :
9. Whether belongs to below Poverty Line category? : NO
(If yes, you furnished the proof of the same with
application?)

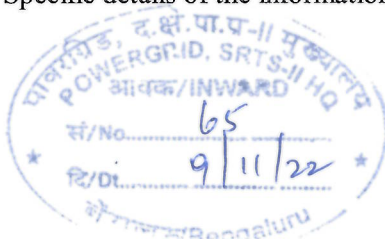
Place: BANGALORE
Date: 9/11/2022

[Signature]
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.



Name of the Department or Public Authority

FORM "B"
[See rule3 (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