|  | RTI REQUEST DET  | AILS                     |                       |
|--|--|--------------------------|-----------------------|
| Registration No. :                                   | PGCIL/R/T/23/00017   | Date of Receipt :        | 16/03/2023            |
| Transferred From:                                    | Ministry of Power on 16/03/2023 With Reference Number : POWER/R /P/23/00071  |                          |                       |
| Remarks:   | Matter pertains to THDCIL & other CPSUs, So, THDCIL is requested to reply applicant on point no. 1 to point 11 and also requested to CPSU reply on point no. 5 to applicant. |                          |                       |
| Type of Receipt :                                    | Electronically Transferred from Other Public Authority   | Language of Request :    | English               |
| Name:  | Gopal Dogra  | Gender:                  | Male                  |
| Address:   | Rishikesh  |                          |                       |
| State :  | Details not provided   | Country:                 | Details not provided  |
| Phone No. :  | Details not provided   | Mobile No. :             | Details not provided  |
| Email:   | Details not provided   |                          |                       |
| Status(Rural/Urban) :                                | Details not provided   | <b>Education Status:</b> | Details not provided  |
| Letter No. :   | Details not provided   | Letter Date :            | 10/03/2023            |
| Is Requester Below<br>Poverty Line?:                 | No   | Citizenship Status       | Indian                |
| Amount Paid :  | 0 (RTI fee is received by  Ministry of Power (original recipient))   | Mode of Payment          | Details not provided. |
| Does it concern the life or<br>Liberty of a Person?: | No(Normal)   | Request Pertains to :    |                       |
| Information Sought :                                 | Application attached.  |                          |                       |
| Original RTI Text :                                  | Application attached.  |                          |                       |
|  | Print Save   | Close                    |                       |

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