

**RTI REQUEST DETAILS**

<b>Registration No. :</b>	PGCIL/R/2019/50275	<b>Date of Receipt :</b>	12/06/2019
<b>Type of Receipt :</b>	Online Receipt	<b>Language of Request :</b>	English
<b>Name :</b>	CHANDAN KUMAR	<b>Gender :</b>	Male
<b>Address :</b>	400/220 KV GIS SUBSTATION KISHANGANJ, VILL-BARAMASIYA, POST-BAGALWARI, DIST-KISHANGANJ, Pin:855107		
<b>State :</b>	Bihar	<b>Country :</b>	India
<b>Phone No. :</b>	+91-9955020756	<b>Mobile No. :</b>	+91-9608779909
<b>Email :</b>	chandankrpgcil@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>Request Pertains to :</b>			
<b>Information Sought :</b>	1. Kindly provide details Rate list for various type of vaccination in EASTERN REGION-1, POWERGRID EMPANELLED HOSPITALS for Financial Year 2018-2019 & 2019-2020 Or Calendar Year 2018 & 2019( which is applicable).		
<input type="button" value="Print"/> <input type="button" value="Save"/> <input type="button" value="Close"/>			