

RTI REQUEST DETAILS

Registration No. :	PGCIL/R/E/20/00022	Date of Receipt :	17/01/2020
Type of Receipt :	Online Receipt	Language of Request :	English
Name :	SANJAY YADAV	Gender :	Male
Address :	SANJAY YADAV, House of Dr. Satish Kumar, C C Mukherjee Road, Adampur, Bhagalpur, Pin:812001		
State :	Bihar	Country :	India
Phone No. :	Details not provided	Mobile No. :	+91-8406907040
Email :	sanjay.yadav.gora@gmail.com		
Status(Rural/Urban) :	Urban	Education Status :	
Is Requester Below Poverty Line ? :	Yes	Citizenship Status	Indian
Amount Paid :	0)	Mode of Payment	Payment Gateway
Does it concern the life or Liberty of a Person ? :	No(Normal)	Request Pertains to :	
Information Sought :	<p>FOLLOWING INFORMATION PERTAINING TO PATNA 400/220KV SUB-STATION IN EASTERN REGION-1 OF POWERGRID MAY KINDLY BE FURNISHED.</p> <p>THERE HAS BEEN AN ACCIDENT INSIDE PREMISES OF PATNA SUB-STATION IN JANUARY-2020 DUE TO WHICH A PERSON DIED INDIDE/OUTSIDE PATNA SUB-STATION. PLEASE FURNISH FOLLOWING INFORMATION IN THIS REGARD.</p> <ol style="list-style-type: none"> 1. Name, Father Name, Permanent Address, Copy of Valid Identity Proof, Copy of Gate Pass of the person who died in such accident 2. Copy of all written official communications & documents till date in this regard 3. Copy of all documents pertaining to Administrative, Police, Legal and Medico-Legal actions, correspondences, communications. 4. Name and Designation of Engineer In Charge of the concerned works involving the fatal accident 5. Was the Engineer-In-Charge of the concerned works on duty when the fatal accident occurred. 6. Name and Designation of Station In Charge of the concerned works involving the fatal accident 7. Was the Station-In-Charge on duty when the fatal accident occurred. 8. 6. Name and Designation of Safety-In-Charge of the concerned works involving the fatal accident 7. Was the Safety In Charge on duty when the fatal accident occurred 8. Date and Exact Time when the accident happened 9. Date and Exact Time when the injured worker was admitted to the hospital, including copy of admission slip 10. Date and Exact Time when the injured worker died, including copy of death certificate 11. Date and Exact Time when the accident was officially reported, including paper or electronic documentary evidence 		

12. Details of official actions initiated or taken after death of the worker, including copies of paper or electronic evidence