

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 : PANNAGA SHAYANAM
2. Father Name/Spouse Name : Late S. N. NAIDU
3. Permanent Address : 59, 4th Cross, KERTC layout
J. P. Nagar II Phase,
Bangalore - 560078.
4. Correspondence Address :
5. Particulars of The Information Solicited : ANY APPLICATION FILED FOR COMPENSATION
a) Subject Matter of Information (*) : BY ANY OTHER PARTIES
b) The period to which information relates (**): JAN 1999 - 2022
c) Specific Details of Information required (***):

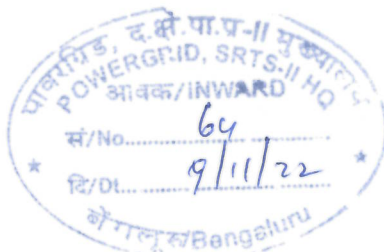
WE REQUEST POWERGRID CORPORATION OF INDIA LTD
TO FURNISH ANY APPLICATION FILED BY ANY PARTY WITH REGARDS
TO COMPENSATION DUE HIGH TENSION WIRE RUNNING
OVER THE BELOW SURVEY NUMBER: 2/1 & 2/2
MADAPPANAHALLI VILLAGE, HESSARGATTA HOBLI
YELAHNKA TALUK

- 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 or speed post) : N/A
6. Is this information not made available by public authority under voluntary disclosure? : NO
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 of Applicant
(PANNAGA SHAYANAM)

- (*) 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