

पत्रिका पत्रिका दस शिथ कडु 00000 2024 05 पत्रक 0 1 रक्षा रपरे 0 का वला 2 म सुपडे दश कयकाणि

शुभकाम्य

NOT NEGOTIABLE



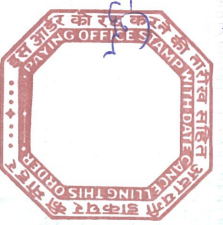
भारतीय पोस्टल आर्डर
INDIAN POSTAL ORDER

डाक महानिदेशक DIRECTOR GENERAL OF POSTS.

PAY TO Power Grid Corporation

2400000000

दस रुपए की रकम THE SUM OF RUPEES TEN ONLY



रक्षित करने

₹ 10



AT THE POST OFFICE AT

Meerut

के डाकघर में आता करें।

कमीशन COMMISSION रुपए 1 RUPEE

से एक अपना नाम और पता यहाँ लिख दें।

SENDER MAY FILL IN HIS NAME AND ADDRESS HERE

Arushi Jain

Meerut

डाक टिकट
POSTAGE STAMPS

पोस्ट मास्टर
POSTMASTER

रकम लागू के नीचे मत लिखिए DO NOT WRITE BELOW THIS LINE

52F 203963

पत्रिका पोस्टल आर्डर

*Shri 1005
SE (P&M)*

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 : Arushi Jain
2. ~~Father Name~~/Spouse Name : Himanshu Chordia
3. Permanent Address : Flat No 502, Hitawala Tower
Near Celebration Mall
Udaipur - 313001
4. Correspondence Address : Arushi Jain, Flat No 502, Hitawala
Tower, Near Celebration Mall,
Udaipur - 313001

5. Particulars of The Information Solicited
a) Subject Matter of Information (*) : Receipt of fee to a Psychiatrist
b) The period to which information relates (**): August 2015 - Dec 2015
c) Specific Details of Information required (***) : Has Himanshu Chordia

(Employee No: 60002614) ever claimed Medical Reimbursement in the name of his wife Arushi Jain dated 11/8/15. (receipt attached). (A) Yes or No (B) If Yes, then please provide a copy of all the enclosures - fee receipt, doctor's prescription, medicines bill etc. The claim must have been made any date after 11/8/15.

d) Whether information is required by Post 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) : _____

6. Is this information not made available by public authority under voluntary disclosure? : P.O. order No 52F/203963.
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? : Not applicable.
(If yes, you furnished the proof of the same with application?) : _____

Place: udaipur
Date: 13/3/21

Arushi
Signature of Applicant
9414102459.

(*) 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.

If you have any query please feel free to call me at 9414102459. A quick response at your end is highly appreciable. A delayed response would not help me. Please give quick

प.क्षे.-II/ लोक सूचना/2021/2057

दिनांक : 04/02/2021

सेवा में,

श्रीमती आरुषि जैन

पुत्री – डॉ. अनिल जैन

502, Hitawala Tower, Nr. Celebration Mall,
Udaipur – 313 001, Rajasthan.

विषय : सूचना का अधिकार अधिनियम 2005 के अंतर्गत मांगी गयी जानकारी के संबंध में ।

महोदय,

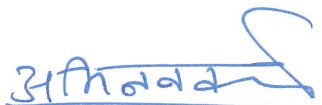
सूचना के अधिकार अधिनियम 2005 के तहत आपके द्वारा प्रेषित पत्र, इस कार्यालय में दिनांक 01/02/2021 को के.लो.सू. के द्वारा प्राप्त हुआ है। आप के आवेदन द्वारा आरटीआई अधिनियम के तहत रु. 10/- IPO के माध्यम से **कार्यपालक निदेशक, पावर ग्रिड** के नाम से जमा किए गए हैं जो कि आवेदन शुल्क जमा करने का उचित रूप नहीं है।

आप से अनुरोध है कि कृपया आरटीआई अधिनियम के तहत आवश्यक पंजीकरण शुल्क 10/- (दस रुपये), **“पावर ग्रिड कॉर्पोरेशन ऑफ इंडिया लिमिटेड”** के नाम से एवं **वडोदरा** में देय, डिमांड ड्राफ्ट या बैंकर चेक या भारतीय पोस्टल आर्डर के माध्यम से जमा करें ताकि सूचना का अधिकार अधिनियम 2005 के अंतर्गत आप के द्वारा मांगी गयी जानकारी दी जा सके ।

Note : The date of registration of RTI will be on receipt of IPO / DD / Banker Cheque.

यह आपकी सूचना एवं आवश्यक कार्यवाही हेतु प्रेषित है ।

धन्यवाद सहित,


केन्द्रीय लोक सूचना अधिकारी 4/2/21
पश्चिम क्षेत्र – II, वडोदरा

प्रतिलिपि: -

1. कार्यपालक निदेशक (प.क्षे.-II), वडोदरा – सादर सूचनार्थ
2. वरिष्ठ महाप्रबंधक (सतर्कता), प.क्षे.- II

SECRET

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
2. ~~Father's Name~~/Spouse Name
3. Permanent Address

: Arushi Jain
: Mr. Himanshu Chordia
Flat No 502, Bhitwala Tower
Near Celebration Mall
: Udaipur - 313001
: same as above
Email - asu2711.aj@gmail.com

4. Correspondence Address

5. Particulars of The Information Sought

a) Subject Matter of Information (*) Receipt of fee to a Psychiatrist

b) The period to which information relates (**): August 2015 - Dec 2015

c) Specific Details of Information required (***): was Himanshu Chordia

(Employee No: 6000 2614) ever claimed medical reimbursement
in the name of his wife Arushi Jain dated
11/8/15 (receipt attached).

(A) Yes or NO (B) If yes, then please provide
a copy of all the enclosures - fee receipt, Doctors prescribing
medicines bill.

The claim must have been made any date after 11/8/15.
a) Whether information is required by Post or in person (the actual postal fees shall be included in additional fee in providing the information)
b) In case by Post (ordinary registered or speed post)

6. This information not made available by public authority under voluntary disclosure?

7. Do you agree to pay the required fee?
8. Have you deposited application fee? - P.O. order No 52F/203922

(If Yes, Details of such deposit)
9. Whether belongs to below Poverty Line category? Not applicable

(If yes, you furnished the proof of the same with application?)

Place: Udaipur
Date: 26/1/21

Arushi Jain
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.

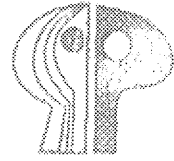
If you have any query please feel free to call me at 9414102459. A quick response at your end is highly appreciable.

DR. ISMAIL Y. PALA M.D.

Consultant Psychiatrist

Reg. No. : G - 11217

108, Rajvee Towers, Near Tube Company,
Old Padra Road, Vadodara - 20. Ph. : 2320868, 9974058886



PALA MEDICAL CENTRE

Receipt No. 993 Date: 17/8/15

Received with thanks from

Mr./Mrs./Miss. Ayushi Chordia

the Sum of Rupees Six hundred only

by cash / Cheque No. _____

Date: _____

Bank: _____

For the following Charges :

- | | |
|------------------------|------------------|
| 1. Consultation | Rs. <u>600/-</u> |
| 2. Re-Consultation | Rs. _____ |
| 3. Psychotherapy | Rs. _____ |
| 4. ECT | Rs. _____ |
| 5. Pentothal Interview | Rs. _____ |
| 6. Others | Rs. _____ |
| Total Rs. | <u>600/-</u> |

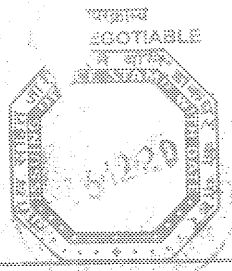


(*cheques are subject to realization)

For DR. ISMAIL Y. PALA

Note - Consultation receipt of Anusha
w/o. Himanshu Chordia, employee of ERID.

भारतीय डाक विभाग द्वारा जारी किया गया है।



भारतीय डाक आदेश
INDIAN POSTAL ORDER

मुख्य डाक विभाग DIRECTOR GENERAL OF POSTS.

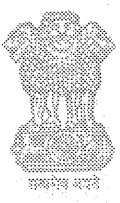
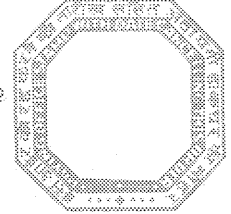
PAY TO Executive Director
Vadodra - Paver Gnd.

एक हजार की राशि THE SUM OF RUPEES TEN ONLY



AT THE POST OFFICE AT

Vadodra



आयोग COMMISSION रुपया (RUPEE)
प्रेमक अपना नाम और पता यहाँ लिखें।
SENDER MAY FILL IN HIS NAME AND ADDRESS HERE.

Amishi Jain

UDAIPUR -

के डाकघर में भेजा जाये।

आ डाकघर के नीचे का हिस्सा न लिखें। DO NOT WRITE BELOW THIS LINE

52F 203922

10/12/20

भारतीय डाक विभाग द्वारा जारी किया गया है।