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

POWERGRID Corporation of India Ltd.

1. Full Name of The Applicant
2. Father Name/Spouse Name
3. Permanent Address

4. Correspondence Address

5. Particulars of The Information Solicited
   a) Subject Matter of Information (*)
   b) The period to which information relates (**) :
   c) Specific Details of Information required (***):

   a) Copy of the bipartite agreement
      between the Management and Union
      with regard to employment to one
      of the dependants of a deceased worker

   b) Copy of the Rehabilitation Assistance
      scheme as applicable to POWERGRID

   c) The total break-up of the Death-
      cum-
      medical benefits granted to Late Bhagirathi
      Nayak's wife Shri Hulaa Nayak

   d) Whether information is required by Post
      or in person (the actual postal fees shall be
      included in additional fee in providing the information)
      By POST

   e) In case by Post (ordinary/registered
      or speed post)
      NOT MADE AVAILABLE

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

7. Do you agree to pay the required fee?
   YES

8. Have you deposited application fee?
   If Yes, Details of such deposit
   YES

9. Whether belongs to below Poverty Line category?
   If Yes, you furnished the proof of the same with
   application?
   NOT APPLICABLE

Place:

Date:

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.
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