27059 16-04-22

Date 18 04 22

Application form for seeking information under The Right to Information Act, 2005

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š	The Public Information Officer/	*	į · 0 _{4.}
e **	Asstt. Public Information Officer.	Serial No.	
	Greater Noida Industrial Development Authority,		A / / /
2	169, Chitvan Estate, Sector Gamma,	Receipt No.	
	Greater Noida - 201308 (U.P.)	receipt No.	
	,		
	Sir,		The state of the s
	I hereby request you to provide following information	under Right to Information Act, 2005 in	1 6 N
	respect of Greater Noida Industrial Development Aut	thority.	
	Particulars of information required (All fields are r	nandatory)	g-trans.
	i) Subject matter & Description of information re	aguired	•
	,	(ii) The period t	o which the
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· Motalo-	& Silver City 2 Road PIIND, Pi	IVII Greater To	2022
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Greater Maid		to de la constantina	Manuel
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	2, 60,000	6 - alle face of) 12
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	deportment DG HOC. Elect	hicaf Merev	00 :-
	deportment, DG HOC, Elect Approval from the Gover	nxuf.	P10-Planin P.T. I-2049
	(iii) Whether information is required by:		010-1
	Post (The actual postal charges shall be included in additi	onal fees) In Person	110
	□ Ordinary □ Registered □ Speed	in i. erson	904
	(iv) Please enter any one of the following:		OTIL
	PAN card No.:		1
	Voter's card No.:		201
	Passport No.:		19,4.
	Ration card No.:		
	I hereby declare and confirm that I am an Indian citiz	en and as such I am entitled to seek inform	ation under
	RTI Act, 2005. I have attached copy of my PAN car	rd/Voter's card/Passport/ Ration card in su	oport of my
	citizenship. I shall use this information for my person	al purpose only. I assure and conform that i	n any case
	or/and under any circumstances, I shall not (allow information received, with any person or in any mann	rcause) use/pass on/snare/display/keep/ci	rculate the
	of India. If any information/ declaration turns out to be	e incorrect or false. I shall be responsible ar	ne interests
	consequences apart-from losing right to receive inform	nation.	id liable for
	Signature of applicant		
	Place: No 1 D A	Date 18-04-	-2022
	Full name of the applicant (Fill in Block letters):	Date / y C /	
	Surname First Name	Second Name	
	Kuman' SARITI	1	
	Address:		
	House No./Bldg.Name C-2/604	Krysbung Aparment 7D	City
	Street Name/Area	College	
	City & Pin Code	sonpor.	1 000
	Telephone Planyana	1. PINCORE 1310 LE, MI	5-9599057759
	E-mail Cherry	Khalana (mahon (an.	
	(For Off		
	Reference:	Received by:	
	GNOIDA/RTI/	Personally Post E-mail	

Sign and Name of receiving officer

गन्नास	संपय	ପର୍ଷ	A

(For Office Use Only)

Follow Up Status

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Application forwarded to: Name			Serial No. Receipt No	0			
Designation:							
Signatures of Receiving Officer	Time	DD	MM	YY			
Information Received on	Time	DD	MM				
Information sent to applicant on	Ist Reply (DD/MM/YY)	2nd Reply (DD/MM/YY)	3rd Reply (DD/MM/YY)	4th Reply (DD/MM/YY)			
Information has to be sent to applicant on / before Date							

Signatures (when the information was sent)

