RTI Quarterly Return Information System

Quarterly Return Form

Ministry/Department/Organisation: Board of Radiation and Isotope Technology

Quarter: 3rd Quarter

Year: 2016-2017

Period: October - December, 2016

Mode: Insert

Status:

		Block I (De	tails about the	requests and	appeals)	· · · · · · · · · · · · · · · · · · ·		
	Progress during Quarter							
	Opening Balance as on beginning of 3 rd Quarter	No. of applications received as transfer from other PAs u/s 6(3)	Received during the Quarter (including cases transferred to other PAs)	No. of cases transferred to other PAs u/s 6(3)	Decisions where requests/appeals rejected	Decisions where requests/appeals accepted		
Requests	1	11	0	0	0	11		
First Appeals	0	0	1	0	0	1		
		of CAPIOs nated	Total no. design		Total no. of AA	As designated		

	es collected, penalty impo	sed and disciplinary action	taken)
Registration Fee Collected (in Rs.) u/s 7(1)	Addl. Fee Collected (in Rs.) u/s 7(3)	Penalty Amount Recovered (in Rs.) as directed by CIC u/s	No. of cases where disciplinary action taken against any
n	0	20(1)	office u/s 20(2)

		No.	of times	s various	s provis	ions we	re inve	le reje	cung in	e reque	ested int	formation	on)
				R	elevant	Section	c of DT	Ked Wh	ile rejec	cting red	quests		
300000		· · · · · · · · · · · · · · · · · · ·		Section	n 8(1)	OCCIO	SURI	I ACT 20	005				
2	В	C	Д	E	110(1)						Sec	tions	
а		0	u		I	g	h	i	i	9	11	24	Othe
0	0	0	0	0									

Sr. No.	Reference No. of cases whererin Commission made specific recommendation as per section 25(5) (max. 20 chars)	Whether action is initiated to comply with recommendation of Commission (Yes/No)	recommendation of the Commission) Details, thereof (max. 250 chars)
1.	NIL	NA	
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			

If the F reques	Public Authority made any changes in regard to its rules/regulations/procedures as a result of sted information by the citizens, please provide the summarized details of the changes (max. 500 chars)

NO

Last Date of Uploading the Pro-active Disclosures on the Website of PA	ompliance of direction/recommenda Name of the person who is entering/updating data	Designation of the person who is entering/uploading data
	NIL	