RTI Annual Return Information System

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Quarterly Return Form

Public Authority: Ministry of Shipping

Quarter: Year: 2017-2018

Quarter: 3rd (Oct'17 to Dec'17) From October month to December month Next Record

Mode: Read only Status: Data can not be modified as data of next Quarter is submitted

| | | d appeals) | | | | | |
|---|---|--|---|---|--|--|--|
| | Progress during Quarter | | | | | | |
| Opening salance as n eginning f 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 | | |
| 34 | 07 | 47 | 07 | 02 | 51 | | |
| 02 | 0 | 03 | 0 | 0 | 04 | | |
| | CAPIOs | Total no. of CPI | Os designated | Total no. of AAs designated | | | |
| | 02 otal no. of C | 34 07 02 0 ttal no. of CAPIOs | other PAs) 34 07 47 02 0 03 other PAs) Total no. of CPIe other PAs) Total no. of CPIe | other PAs) 34 07 47 07 02 0 03 0 otal no. of CAPIOs Total no. of CPIOs designated | other PAs) 07 47 07 02 02 0 03 0 0 | | |

| * Block II (Details about Fees collected, penalty imposed and disciplinary action taken) | | | | | |
|--|---------|---------------------|-----------------------------|----------------------------------|--|
| Registration Fe | ee | Addl. Fee Collected | Penalty Amount Recovered | No. of cases where disciplinary | |
| Collected (in F | s.) u/s | (in Rs.) u/s 7(3) | (in Rs.) as directed by CIC | action taken against any officer | |
| 7(1) | | | u/s 20(1) | u/s 20(2) | |
| 320/- | | 94/- | 0 | 0 | |

| * Block III (Details of various provisions of section 8 while rejecting the requested information) | | | | | | | | | | | | | |
|--|---|---|---|---|---|---|----------|---|---|---|----|----|-------|
| No. of times various provisions were invoked while rejecting requests | | | | | | | | | | | | | |
| Relevant Sections of RTI Act 2005 | | | | | | | | | | | | | |
| Section 8(1) | | | | | | | Sections | | | | | | |
| | h | С | А | е | f | g | h | i | i | 9 | 11 | 24 | Other |
| a | U | C | u | | 1 | 5 | | - | J | _ | | | Other |

^{*} Block IV (Details regarding compliance of direction/recommendation of the Commission)

| | | T == | T= |
|--------|------------------------------|---------------------------------|--|
| S1. | Reference No. of cases | Whether action is initiated | Details, thereof (max. 250 chars) |
| No | wherein Commission | to comply with | |
| | made specific | recommendation of | |
| | recommendation as per | Commission | |
| | section 25(5) (max. 20 | | |
| | chars) | | |
| 1 | | Select | |
| 2 | | Select | |
| 3 | | Select | |
| 4 | | Select | |
| 5 | | Select | |
| 6 | | Select | |
| 7 | | Select | |
| 8 | | Select | |
| 9 | | Select | |
| 10 | | Select | |
| If the | e Public Authority made an | y changes in regard to its rule | es/regulations/procedures as a result of requested |
| info | rmation by the citizens, ple | ase provide the summarized of | letails of the changes (max. 500 chars) |
| | | • | |
| | | | |
| * Blo | ck V (Details regarding Ma | andatory Disclosures and Trai | nsparency Officer) |
| | | , | · · · · · · · · · · · · · · · · · · · |

| * Block V (Details | regarding Mandatory Disclosures and Trans | parency | Officer) | | | |
|---|--|---------|----------------------------|--|--|--|
| A. Is the Mandatory Disclosure under Sec. 4(1)(b) posted on the website of Public authority? | If Answer of (A) is No – Is there any other medium of dissemination? Provide details below (not exceeding 500 chars) | If Ans | wer of (A) is yes – | | | |
| Yes/ | | http:w | ww.kolkataporttrust.gov.in | | | |
| B. Name of Transparency Officer, if any, in the Public Authority along with the designation, telephone number & e-mail ID Whether Transparency Officer | | | | | | |
| Appointed | | | | | | |
| Name of Transparency Officer | (Please do not add Shri/Smt./Mr./Ms. Before the name) | | | | | |
| Gender | | | | | | |
| Designation | | Di | NY 1 | | | |
| Contact Number | (Enter Landline Numbers as STD Code – | Phone | Number e.g. | | | |
| Email address | | | | | | |
| C. Last Date of up 4(1)(B) | C. Last Date of updating of Mandatory disclosure under Section (Format dd /mm / yyyy) | | | | | |