## RTI Annual Return Information System

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## **Quarterly Return Form**

Public Authority: Ministry of Shipping

Quarter: Year: 2017-2018

 $\overline{Q}$ uarter:  $2^{nd}$  (July'17 to September'17) From July month to September month  $\underline{Next Record}$ 

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

* Block I (l	* Block I (Details about the requests and appeals)								
			Progress during Quarter						
	Opening Balance as on beginning of Quarter	No. of applications received as transfer from other Pas u/s 6(3)	Received during the Quarter (Including cases transferred to	No. of cases transferred to other PAs u/s 6(3)	Decisions where requests/appeals rejected	Decisions where requests/appeals accepted			
Requests	33	15	other PAs) 58	01	05	66			
First appeals	01	0	06	0	0	05			
	Total no. of designated		Total no. of CPIC	Os designated	Total no. of AAs designated				
		0	25		19				

* Block II (Details abou	it Fees collected, penalty	s collected, penalty imposed 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 20(1)	No. of cases where disciplinary action taken against any officer u/s 20(2)				
420/-	30/-	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													
a	b	c	d	e	f	g	h	i	j	9	11	24	Other
0	0	0	0	0	0	0	0	0	0	0	0	0	5

Sl. No	Reference N wherein Con made specifi recommenda section 25(5)	nmission c tion as per	Whether action is initiated to comply with recommendation of Commission	Details,	thereof (max. 250 chars)
	chars)	`			
1			Select		
2			Select		
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7			Select		
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9			Select		
10			Select		
		•	•	_	ions/procedures as a result of requested
info	rmation by the	citizens, ple	ase provide the summarized of	letails of	the changes (max. 500 chars)
					0.00
* Blo	ck V (Details	regarding Ma	andatory Disclosures and Trai	nsparency	Officer)
Α Ι.	s the	If Anguan o	f (A) is No –	If And	wer of (A) is yes –
	s me idatory		other medium of	II Alls	wer or (A) is yes –
	closure under		on? Provide details below (no	<u>,</u>	
	4(1)(b)	exceeding 5	`		
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	Name of Trans Note the description of the latest the la		eer, if any, in the Public Author	ority alon	g with the designation, telephone
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Nan	ne of				
	nsparency	(P	Please do not add Shri/Smt./M	r./Ms. Be	efore the name)
Offi					
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	ignation				
Con	tact Number	(Enter Lar	ndline Numbers as STD Code	- Phone	Number e.g.
Ema	nil address				
C. L 4(1)	-	dating of Ma	ndatory disclosure under Sec	tion	(Format dd/mm/yyyy)
1 +(1)	(U)				

\* Block IV (Details regarding compliance of direction/recommendation of the Commission)