

QUARTERLY RETURN FORM

Public Authority: Assistant Director (Admn), Directorate of Health Services, Port Blair

Quarter: 10/2020 to 12/2020 Year 2020

Mode: Read Only Status: Date cannot be modified as data of next quarter is submitted

Name of Department: DIRECTORATE OF HEALTH SERVICES

Year:

* Block I (Details about the requests and appeals)						
	Opening Balance as on beginning of first Quarter	Progress during Quarter				
		No. of Application received as transfer from other PAs u/s 6(3)	Received during 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		08	19	15	-	5 disposed 5 not remitted fee for documents 2 refused for want of requisite fee .
First Appeals			11			06 disposed 05 pending
	Total No. of CAPIOs designated	01	Total No. of CPIOs designated	48	Total No. of AAs designated	10

* Block II (Details about fees 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)
200	612	-	-

* 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 (I)										Sections			
a	B	c	d	E	f	g	h	I	j	9	11	24	Other

Contd..P..2

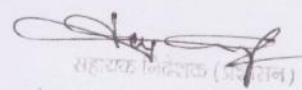
* Block IV (Details regarding compliance of direction / recommendation of the Commission)			
S. No.	Reference No. of cases wherein Commission made specific recommendation as per section 25(5), (max 20 chars)	Whether action is initiated to comply with recommendation of commission	Details, there of (max 250 chars)
01.			

If the public authority made any changes in regard to its rules/ regulations/ procedures as a result of requested information by the citizens, please provide the summarized details of the changes (max, 500 chars)

No changes has been made yet

*** Block V (Details regarding Mandatory Disclosure and Transparency)**

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 answer of Yes- Provide the details/ URL of web page, where the disclosure is posted,
Yes the disclosure under Section 4(1) (b) is posted in the website		DHS Portal-website dhs.andaman.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	Not yet appointed	
Name of Transparency Officer	(Please do not add Shri/Smt./Mr./Ms. before the name)	
Gender		
Designation		
Contact Number		
E-mail Address		
C. Last Date of updating of Mandatory disclosure under Section 4(1)(b)	(Format dd/mm/yyyy)	


 सहायक निदेशक (प्रशासन)
 Assistant Director (Admn.)
 स्वास्थ्य सेवा विभाग, D.H.
 20/1