

Dedicated Freight Corridor Corporation of India Ltd.

(A Government of India Enterprises)

5th Floor, Pragati Maidan, Metro Station Building Complex, New Delhi- 110001 Corporate Identity Number U60232DL2006GOI155068 Web: **dfccil.com**

No. 2019/HQ/Admin/RTI-815

New Delhi: 16.12.2019

Sh. Raja Kumar Bihar

Subject: Providing information w.r.t. Original Application received under the RTI Act.2005

Reference: Your RTI Application dated 29.11.19 received through DOPT.

Information as obtained from the concerned record holding office is sent herewith.

Appellate Authority name and address is as under;

Shri Satish Kothari, GGM/Administration DFCCIL, 5th Floor, Pragati Maidan Metro Station Building, New Delhi-110001.

(S.K.PANDA)

Dy. G.M/Admn.(PIO)

E-mail: skpanda@dfcc.co.in

9717636811

DA: 02 sheets

NOTE

No. 2019/HQ/HR/Civil((RTI)

Dated: 16.12.19

Ref: RTI application No. 2019/HQ/ADMIN/RTI-815.

Reply pertains to HR of RTI under reference is as under:-

	Name of the Applicant: Shri Raja Kumar, Jr.Executive/Civil/ALD (East)					
S.No	Information Sought For:	Proposed Reply/Remarks				
1	I need my Family Dependent List (For Medical Purpose) submitted at the time of joining.	As asked, the list of family members submitted by the applicant at the time of joining in his personal information form is enclosed.				

DA/- as above

PIO(DGM/Admn./RTI)

DGM/HR

DANS 16-12-13



A Government of India (Ministry of Railway) Enterprise

Personal Information Form

To be filled in capital Letters 35 DOB SN Relationship Name Medical Working LTC Eligibility Age with Eligibility employee (DD-MM-YY) Y/N 1. Y/N UMESH SAH FATHER 50 1.1970 NES 2. INDU DEVI MOTHER 1.1.1979 10 ND YES KIKKU KUMARI 3. 27.12.1994 25 NO YES RAKESH KUMAR 4. 14.08.2000 NO YES YES

Note 1: I certify that family members stated are dependent upon me as per DFCCIL Medical Rules/LTC and any change in the status in this respect shall be immediately intimated to HR, Corporate Office.

2. In case parents are to be included as dependents, current Original Income Certificate issued by the concerned government body viz District Authority, Tehsildar, Municipality, etc is to be attached, showing the annual income of parents' which should not exceed minimum family pension plus dearness relief thereon, prescribed by Central Govt from time to time.

SN	Nomination fo Nominee Name	Nominee DOR	Relationship with employee	The second secon	
		(DD-MM-YY)		Complete Address of Nominee / Guardian (In case of minor along with Guardian name)	% age of Share
1.	INDU DEAT	1.1. 1979	MOTHER	awag with Guardian name)	70 age of share
2.					50%
	UMESH SAH		FATHER		30%
3.	KEKKN KNUUL	127.12.1994	SISTER		
4.	RAKESH KUMAR 14.08.2000	BROTHER		10%.	
				10.1.	