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Whethe Appoin	er Transparency Officer ted	Yes 🗸			
Name	of Transparency Officer	A. Amarnath		(Please do not add	Shri/Smt./Mr./Ms. before the name
Gender	-	Male 🗸			
Design	ation	Lecturer			
Contac	t Number	044-27472113	(Enter Landline Numl	pers as STD Code-Ph	one Number e.g. 011-23346789)
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B. Last	Date of updating of Mandato	ry disclosure ur	nder Section 4(1)(b)		15/04/2020
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Name	of Transparency Officer	A. Amarnath		(Please do not add	Shri/Smt./Mr./Ms. before the name
Gender	r	Male v			
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Contac	t Number	044-27472113	(Enter Landline Numb	ers as STD Code-Ph	one Number e.g. 011-23346789)
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Gender	r	Male 🗸				
Design	ation	Lecturer				
Contac	t Number	044-27472113	(Enter Landline Numb	ers as STD C	ode-Phone Number e.g	g. 011-23346789)
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* Nam	e of Transparency Office	r, if any, in the Public A	Authority along with	the designati	on, telephone numbe	er & e-mail ID ,					
Whethe	er Transparency Officer ted	Yes 🗸									
Name	of Transparency Officer	A. Amarnath) (Please do	o not add Shri/Smt./M	r./Ms. before the name					
<u> </u>)									
Gender		Male V									
Design			(Enter Londline Nu	where as STD	Cada Dhana Numhan	a a 011 02246790)					
	t Number Address	044-27472113 niepmd@gmail.co		moders as SID	Code-Phone Number	e.g. 011-25540789)					
	-uui c55										
B. Last	Date of updating of Mar	ndatory disclosure und	er Section 4(1)(b)		1	2/04/2022					
	the Mandatory Disclosu vide OM No. 1/6/2011-I		d party as per Pro	If Answer of (C) is yes - Provide the detail/ URL of webpage, where the Audit report is posted (max 150 chars)							
	S	Select 🖌									
Date o	f audit of Mandatory disc	closure under Section 4	(1)(b) (Format dd/	mm/yyyy)		02/05/2023					
	Submit										

	НОМЕ	SEAR	CH ASS	SESSMI	ENT MASTEI	R UPDAT	ION ANNUAL	RETURN	UTILITIE	S REPORT	LOGIN HISTORY	
	LOGOUT											
			o rity: Natio 1. Rajesh	onal Ir	stitute for Em	oowerm	ent of Persons v	vith Multip	le Disabilitie	es (NIEPMD)	Role : Nodal Officer	
	-		in Rajeon			Q	uarterly Ret	urn Forn	n			
Ρ	ublic A	uthori	ty : Natio	onal	Institute for	Empov	werment of P	ersons w	ith Multip	le Disabilitie	s (NIEPMD) Back	
	ear: 20 uarter		23									
М	ode : N	VIEW								*	Blocks are mandatory	
	Registrat	tion Fee	collected a	gainst	the no of reque	st is not	necessarily equiv	alent to the	e total fee			
*	Block	I (Deta	ails abou	t the	requests an	d appe	als)					
					Progres	s durin	g Quarter (01/0	94/2022	30/06/20	22)		
			ening Balar on begining Quarter 1) of	No.of applicati recieved as trai from other PAs 6(3)	nsfer Q	ccieved during the uarter (including ses transferred to other PAs)	transferre	f cases ed to other /s 6(3)	Decisions when request/appea rejected	accented III	
	Request	s	(16		6)	(10	5		0	(11	
	First Appeals		0		N/A		0	N	/A	0	0	
	1	Total no	o. of CAPIO)s des	ignated		Total no. of CP	Os design	Total no	no. of AAs designated		
			0				(1				1	
*	Block	II (De	tails abo	ut fee	es collected,	penalt	y imposed ar	d discipl	inary acti	on taken)		
		jistratio d(in Rs	n Fee .)u/s 7(1)		ll. Fee Collecte Rs.) u/s 7(3)	d(in I	Penalty Amount as directed b				where disciplinary action st any officer u/s 20(2)	
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*	Block	III (De	etails of	vario	us provision	s of se	ction 8 while	rejecting	, the requ	ested inform	ation)	
				Ν	lo. of times va	-	ovisions were i vant Sections o		-	ng requests		
					Sectio	on 8 (1)					Sections	
Į	a	b	c		d e	f	g	h	i j	j 9 11 24 other		
Ľ	0	0) (0) [0		0) (0	0			
B	lock I	V (Deta	ails rega	rding	compliance	of dire	whether actio		on of the (Commission)	 	
	S.No. n	nade sp		mme	wherein Comm ndation as per		initiated to co	mply with	D	etails, thereof (max. 250 chars)	
	1						Select	~				
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9			Select V				
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If the P	Public Authority made an					ted information by th	
		ns, please provide the s	summarized details of	the changes (max. 500 chars)		
* Bloc	k V (Details regardin	g Mandatory Disclo	sures and Transpa	ency Office	r)		
Disclos posted	ne Mandatory sure under Sec. 4(1)(b) on the website of Authority ?	Is there any other n	swer of (A) is No - nedium of disseminati (not exceeding 500 c		Provide the deta	of (A) is yes - il/ URL of webpage, sclosure is posted	
	Yes v				http://niepmd.tr	ı.nic.in	
* Nam	e of Transparency Office	er, if any, in the Public A	Authority along with t	ne designatio	n, telephone numbe	r & e-mail ID ,	
Whethe	er Transparency Officer ted	Yes 🗸					
Name	of Transparency Officer	A. Amarnath) (Please do r	ot add Shri/Smt./Mr	./Ms. before the name	
Gende	r	Male 🗸					
Design	ation	Lecturer					
Contac	t Number	044-27472113	(Enter Landline Num	bers as STD C	ode-Phone Number	e.g. 011-23346789)	
Email A	Address	niepmd@gmail.co	om				
B. Last	Date of updating of Mai	ndatory disclosure und	er Section 4(1)(b)		0.	1/08/2022	
	the Mandatory Disclosu vide OM No. 1/6/2011-I		d party as per Provi	de the detail/	f Answer of (C) is y URL of webpage, w posted (max 150 cl	here the Audit report	
	2	Select 🗸					
Date of audit of Mandatory disclosure under Section 4(1)(b) (Format dd/mm/yyyy)							
			Submit				

	НОМЕ	SEAR	CH ASS	ESSMI	ENT MASTE	R UPDA'	TION AI	NNUAL	RETURN	UTILITIE	S R	EPORT	LOGIN HISTORY
	LOGOUT												
				onal Ir	nstitute for Em	powern	nent of Per	sons wi	th Multiple	e Disabilitie	es (NIE	PMD)	Role : Nodal Officer
	L	JSelin	1. Rajesh			C	Quarterly	Retu	rn Form	n			
Ρ	ublic A	uthori	ity : Natio	onal	Institute for						le Dis	abilities	(NIEPMD) Back
	ear: <mark>2(</mark> uarter)23										
	ode : \											* B	locks are mandatory
	Registra llected.	tion Fee	collected a	gainst	the no of reque	st is nol	t necessarily	/ equiva	lent to the	total fee			
*	Block	I (Deta	ails abou	t the	requests an	d app	eals)						
					Progres	s durir	ng Quarter	(01/07	/2022	30/09/20	22)		
			ening Balar on begining Quarter 2	of	No.of applicat recieved as tra from other PAs 6(3)	nsfer 🛛 🤇	ecieved dur Quarter (inc ases transfe other PA	luding rred to	No. of transferre PAs u/	d to other	reque	ions where est/appeals ejected	accented III
	Request	ts	(16)	10		(13		4		0		0
	First Appeals	;	0		N/A		3		N,	/A	0		0
	-	Total no	o. of CAPIC)s des	ignated		Total no.	of CPIC)s designa	ated		Total no.	of AAs designated
			0					1				(1	
*	Block	II (De	tails abo	ut fee	es collected,	penal	ty impos	ed and	l discipli	nary acti	on tak	(en)	
		gistratio d(in Rs	on Fee .)u/s 7(1)		ll. Fee Collecte Rs.) u/s 7(3)		Penalty Ar as dire		Recovered CIC u/s				here disciplinary action any officer u/s 20(2)
	Ċ	100			(312			0					
*	Block	III (D	etails of v		us provision								tion)
				r	lo. of times va		evant Secti			-	ig requ	ests	
			10		2.5	on 8 (1)						Sections
ł	a	b	C		<u>d e</u>	f	g O	1 0		j	j 9 11 24 other		
						C							
B		V (Det	ails rega	rdina	compliance	of dir	ection/re	ecomn	endatio	n of the (Comm	ission)	
		-	-		wherein Comm		Whether	action	is				
	S.No. n	nade sp		mme	ndation as per		n recommo Commiss	endatio		D	etails, t	thereof (n	nax. 250 chars)
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If the P	Public Authority made ar						sted information	ו by the		
	citizei	ns, please provide the s	summarized deta	ils of the ch	anges (max. 500 chars)				
	* Block V (Details regarding Mandatory Disclosures and Transparency Officer)									
		g Mandatory Disclo	sures and Trar	sparency	Office	r)				
Disclos posted	ne Mandatory sure under Sec. 4(1)(b) on the website of Authority ?	Is there any other n	swer of (A) is No nedium of dissen (not exceeding	ination? Pr	ovide	Provide the deta	r of (A) is yes - ail/ URL of webp sclosure is poste			
	Yes 🗸			,		http://niepmd.tu	n.nic.in	\supset		
* Name	e of Transparency Office	er, if any, in the Public A	Authority along v	ith the des	ignation	n, telephone numbe	er & e-mail ID ,			
Whethe	er Transparency Officer ted	Yes 🗸								
Name	of Transparency Officer	A. Amarnath		(Ple	ase do n	ot add Shri/Smt./M	r./Ms. before the	name		
Gender	r	Male 🗸								
Design	ation	Lecturer								
Contac	t Number	044-27472113	(Enter Landline	Numbers as	STD Co	ode-Phone Number	e.g. 011-233467	(89)		
Email A	Address	niepmd@gmail.co	om)							
B. Last	Date of updating of Ma	ndatory disclosure und	er Section 4(1)(t)		1	4/11/2022			
	the Mandatory Disclosu vide OM No. 1/6/2011-I		d party as per	Provide the	detail/	f Answer of (C) is y URL of webpage, y posted (max 150 c	where the Audit	report		
		Select 🗸								
Date of	Date of audit of Mandatory disclosure under Section 4(1)(b) (Format dd/mm/yyyy)									
			Submit							

	НОМЕ		ARCH	ASSESSMI	ENT MASTER	UPDATI	ON ANNUAL	RETURN	UTILITIE	S REPORT	LOG	IN HISTORY
	LOGOUT											
			-		stitute for Emp	owerme	ent of Persons w	ith Multipl	e Disabilitie	es (NIEPMD)		Role : Nodal Officer
	User : M. Rajesh Quarterly Return Form											
Ρ	Public Authority : National Institute for Empowerment of Persons with Multiple Disabilities (NIEPMD) Back											
	Year: 2022-2023 Quarter : 3											
	ode : '									*	Blocks	are mandatory
	Registra llected.	ation Fe	ee collecte	ed against	the no of reques	st is not r	necessarily equiva	lent to the	total fee			
*	Block	I (De	etails ab	out the	requests and	d appea	als)					
ļ		Progress during Quarter (01/10/2022 31/12/2022)										
		C	Dpening B on begi Quart	ning of	No.of applicati recieved as trar from other PAs 6(3)	isfer Qι	cieved during the uarter (including es transferred to other PAs)	transferre	cases d to other (s 6(3)	Decisions whe request/appea rejected	als	Decisions where request/appeals accepted (Request dispose of and request return to applicant)
	Reques	ts	(35		8		(25	2		0)	(35
	First Appeals	s	3		N/A		4	N	/A	0)	3
		Total	no. of CA	PIOs des	ignated	1	Total no. of CPI	Os design	ated	Total no	o. of A	As designated
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*	*Block II (Details about fees collected, penalty imposed and disciplinary action taken)											
			ion Fee Rs.)u/s 7		l. Fee Collecte Rs.) u/s 7(3)	d(in P	enalty Amount as directed by					disciplinary action officer u/s 20(2)
		240			64		0				0	
*	Block	III (I	Details				tion 8 while i				nation)
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B	lock I	V (De	etails re	garding	compliance	of dire	ction/recomm	nendatio	on of the G	Commission))	
	S.No. r	made s		ecomme	vherein Comm ndation as per		Whether action initiated to con recommendatio Commission.	ply with	De	etails, thereof	(max.	250 chars)
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If the P	f the Public Authority made any changes in regard to its rules/regulations/procedures as a result of requested information by the										
	citizer	ns, please provide the s	summarized details of t	he changes (max. 500 chars)						
* Bloc	k V (Details regardin	g Mandatory Disclo	sures and Transpare	ency Office	r)						
Disclos posted	ne Mandatory sure under Sec. 4(1)(b) on the website of Authority ?	Is there any other n	swer of (A) is No - nedium of disseminatio (not exceeding 500 ch		Provide the det	r of (A) is yes - ail/ URL of webpage, sclosure is posted					
	Yes v			/)	http://niepmd.t	n.nic.in					
* Nam	e of Transparency Office	er, if any, in the Public A	Authority along with th	e designatior	n, telephone numbe	er & e-mail ID ,					
Whethe	er Transparency Officer ted	Yes 🗸									
Name	of Transparency Officer	A. Amarnath	A. Amarnath (Please do not add Shri/Smt./Mr./Ms. before the name								
Gender	r	Male 🗸									
Design	ation	Lecturer									
Contac	t Number	044-27472113	(Enter Landline Numb	ers as STD C	ode-Phone Number	e.g. 011-23346789)					
Email A	Address	niepmd@gmail.co	om)								
B. Last	Date of updating of Mai	ndatory disclosure und	er Section 4(1)(b)		0	9/02/2023					
	the Mandatory Disclosu vide OM No. 1/6/2011-I		d party as per Provid	e the detail/	f Answer of (C) is y URL of webpage, y posted (max 150 c	where the Audit report					
	2	Select 🗸									
Date of	f audit of Mandatory dis	closure under Section 4	l(1)(b) (Format dd/mn	י/ אין אין אין		02/05/2023					
	Submit										

	НОМЕ		RCH	ASSESSMI	ENT MASTEF	R UPDATI	ON ANNUAL	RETURN	UTILITIE	S REPORT	LOG	IN HISTORY
	LOGOUT											
					stitute for Emp	owerme	ent of Persons w	ith Multipl	e Disabilitie	es (NIEPMD)		Role : Nodal Officer
	User : M. Rajesh Quarterly Return Form											
Ρ	Public Authority : National Institute for Empowerment of Persons with Multiple Disabilities (NIEPMD) Back											
	/ear: 2022-2023 Quarter : 4											
	ode :									*	Blocks	are mandatory
	Registra llected.	ition Fe	ee collecte	d against	the no of reques	st is not i	necessarily equiva	llent to the	e total fee			
*	Block	I (De	etails ab	out the	requests an	d appe	als)					
		Progress during Quarter (01/01/2023 31/03/2023)										
		c)pening B on begii Quart	ning of	No.of applicati recieved as trar from other PAs 6(3)	nsfer Qu	cieved during the uarter (including ses transferred to other PAs)	transferre	f cases ed to other /s 6(3)	Decisions whe request/appea rejected	als	Decisions where request/appeals accepted (Request dispose of and request return to applicant)
	Request	ts	(78		6)	(34	(12		0)	(25
	First Appeals	6	7		N/A		4	N	/A	0)	11
		Total	no. of CA	PIOs des	ignated	-	Total no. of CPI	Os design	ated	Total no	o. of A/	As designated
			0				(1				(1	
*	*Block II (Details about fees collected, penalty imposed and disciplinary action taken)											
			ion Fee Rs.)u/s 7		l. Fee Collecte Rs.) u/s 7(3)	d(in P	enalty Amount as directed by					disciplinary action officer u/s 20(2)
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*	Block	III (I	Details				ction 8 while in a second s				nation)
						Relev	ant Sections of		-			
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B	lock I	V (De	etails re	garding	compliance	of dire	ction/recomm	nendatio	on of the G	Commission))	
	S.No. n	nade s		ecomme	vherein Comm ndation as per		Whether actior initiated to con recommendatio Commission.	ply with	De	etails, thereof	(max. :	250 chars)
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If the P	ublic Authority made an					ted information by the				
	citizer	ns, please provide the s	ummarized details of t	he changes ((max. 500 chars)					
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* Bloc	k V (Details regardin	g Mandatory Disclo	sures and Transpare	ency Office	r)					
Disclos posted	e Mandatory ure under Sec. 4(1)(b) on the website of Authority ?	swer of (A) is No - nedium of disseminatio (not exceeding 500 ch		Provide the deta	of (A) is yes - il/ URL of webpage, closure is posted					
	Yes 🗸				http://niepmd.tr	n.nic.in				
* Name	e of Transparency Office	r, if any, in the Public A	Authority along with the	e designatio	n, telephone numbe	er & e-mail ID ,				
Whethe	er Transparency Officer ted	Yes 🗸								
Name o	of Transparency Officer	A. Amarnath		(Please do r	not add Shri/Smt./Mi	./Ms. before the name				
Gender		Male 🗸								
Designa	ation	Lecturer								
Contact	t Number	044-27472113	(Enter Landline Numb	ers as STD C	ode-Phone Number	e.g. 011-23346789)				
Email A	ddress	niepmd@gmail.co))							
B. Last	Date of updating of Mar	ndatory disclosure und	er Section 4(1)(b)		0.	1/05/2023				
	the Mandatory Disclosu ide OM No. 1/6/2011-I		d party as per Provid	e the detail/	f Answer of (C) is y URL of webpage, w posted (max 150 cl	here the Audit report				
	S	Select 🖌								
Date of	audit of Mandatory disc	closure under Section 4	(1)(b) (Format dd/mn	/уууу)		02/05/2023				
	Submit									

HOME	SEARCH	ASSESSMENT	MASTER UPDATION	ANNUAL RETURN	UTILITIES	REPORT	LOGIN HISTORY
LOGOUT							
Public	Authority:	National Institut	e for Empowerment of	Persons with Multiple	e Disabilities (NIEPMD)	Role : Nodal Officer

User : M. Rajesh

Quarterly Return Form

Public Authority : National Institute for Empowerment of Persons with Multiple Disabilities (NIEPMD) Back Year: 2023-2024 Quarter : 1

Mode : VIEW

* Blocks are mandatory

* Registration Fee collected against the no of request is not necessarily equivalent to the total fee collected.

*Block I (Details about the requests and appeals)

		Progress du	ring Quarter (01/04	4/2023 30/06/20	023)	
	Opening Balance as on begining of Quarter 1	recieved as transfer	Recieved during the Quarter (including cases transferred to other PAs)	No. of cases	Decisions where request/appeals rejected	Decisions where request/appeals accepted (Request dispose of and request return to applicant)
Requests	0	10	(11	2	0	13
First Appeals	0	N/A	2	N/A	0	2
Tota	al no. of CAPIOs des	signated	Total no. of CPI	Os designated	Total no. of AAs designated	
0			(1)	(1)	

*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)		
(120)	(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** Sections Section 8 (1) b d 9 11 24 other а f h g 0 0 0 0 0 0) || (0) ((0) (0 0 0) || (0 0) (0

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, thereof (max. 250 chars)
1		Select V	
2		Select V	
3		Select V	
4		Select V	
5		Select V	
6		Select V	
7		Select V	
8		Select V	

9		Select V								
10		Select V								
If the P	Public Authority made any changes in regard to citizens, please provide the s		ocedures as a result of requested information by the changes (max. 500 chars)							

* Block V (Details regarding Mandatory Disclosures and Transparency Officer)

A. Is the Mandatory Disclosure under Sec. 4(1)(b) posted on the website of Public Authority ?	If Answer of (A) is N Is there any other medium of disse details below (not exceeding	mination? Provide	If Answer of (A) is yes - Provide the detail/ URL of webpage, where the disclosure is posted				
Yes v			(http://niepmd.tn.nic.in				
* Name of Transparency Officer, if any, in the Public Authority along with the designation, telephone number & e-mail ID ,							
Whether Transparency Officer Appointed	Yes v						
Name of Transparency Officer	A. Amarnath	(Please do no	ot add Shri/Smt./Mr./Ms. before the name				
Gender	Male 🗸						
Designation	Lecturer						
Contact Number	044-27472113 (Enter Landlin	e Numbers as STD Co	ode-Phone Number e.g. 011-23346789)				
Email Address	niepmd@gmail.com						
B. Last Date of updating of Man	datory disclosure under Section 4(1)((b)	17/08/2023				
C. Has the Mandatory Disclosur DOPT vide OM No. 1/6/2011-IF	e been audited by third party as per t dated 15.04.2013 ?	Provide the detail/	Answer of (C) is yes - URL of webpage, where the Audit report posted (max 150 chars)				
S	elect 🗸						
Date of audit of Mandatory disc	losure under Section 4(1)(b) (Format	dd/mm/yyyy)	04/04/2024				

HOME	SEARCH	ASSESSMENT	MASTER UPDATION	ANNUAL RETURN	UTILITIES	REPORT	LOGIN HISTORY
LOGOUT							
Public	Authority:	National Institut	e for Empowerment of	Persons with Multiple	e Disabilities (NIEPMD)	Role : Nodal Officer

User : M. Rajesh

Quarterly Return Form

Public Authority : National Institute for Empowerment of Persons with Multiple Disabilities (NIEPMD) Back Year: 2023-2024 Quarter : 2

Mode : VIEW

* Blocks are mandatory

* Registration Fee collected against the no of request is not necessarily equivalent to the total fee collected.

*Block I (Details about the requests and appeals)

		Progress du	ring Quarter (01/07	7/2023 30/09/20)23)		
	Opening Balance as on begining of Quarter 2	recieved as transfer	Recieved during the Quarter (including cases transferred to other PAs)	No. of cases	Decisions where request/appeals rejected	Decisions where request/appeals accepted (Request dispose of and request return to applicant)	
Requests	6	37	20	22	0	30	
First Appeals	0	N/A	2	N/A	0	1	
Tota	al no. of CAPIOs des	ignated	Total no. of CPIOs designated		Total no. of A	Total no. of AAs designated	
	(0)		(1	J	(1	J	

*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)	
(230)	(40)	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

а	b	с	d	е	f	g	h	i	j	9	11	24	other
0	0	0	0	0	0	0	0	0	0	0	0	0	0

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, thereof (max. 250 chars)
1		Select V	
2		Select V	
3		Select V	
4		Select V	
5		Select V	
6		Select V	
7		Select V	
8		Select V	

9		Select V						
10		Select V						
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)								

* Block V (Details regarding Mandatory Disclosures and Transparency Officer)

A. Is the Mandatory Disclosure under Sec. 4(1)(b) posted on the website of Public Authority ?	If Answer of (A) is N Is there any other medium of disse details below (not exceeding	mination? Provide	If Answer of (A) is yes - Provide the detail/ URL of webpage, where the disclosure is posted		
Yes v			(http://niepmd.tn.nic.in		
* Name of Transparency Officer	, if any, in the Public Authority along	with the designation	, telephone number & e-mail ID ,		
Whether Transparency Officer Appointed	Yes V				
Name of Transparency Officer					
Gender	Male 🗸				
Designation	Lecturer				
Contact Number	044-27472113 (Enter Landlin	e Numbers as STD Co	de-Phone Number e.g. 011-23346789)		
Email Address	niepmd@gmail.com				
B. Last Date of updating of Man	datory disclosure under Section 4(1)((b)	19/10/2023		
C. Has the Mandatory Disclosure been audited by third party as per DOPT vide OM No. 1/6/2011-IR dated 15.04.2013 ? If Answer of (C) is yes - Provide the detail/ URL of webpage, where the Audit repor is posted (max 150 chars)					
S	elect 🗸				
Date of audit of Mandatory disclosure under Section 4(1)(b) (Format dd/mm/yyyy)					

HOME	SEARCH	ASSESSMENT	MASTER UPDATION	ANNUAL RETURN	UTILITIES	REPORT	LOGIN HISTORY
LOGOUT							
Public	Authority:	National Institut	e for Empowerment of	Persons with Multiple	e Disabilities (NIEPMD)	Role : Nodal Officer

User : M. Rajesh

Quarterly Return Form

Public Authority : National Institute for Empowerment of Persons with Multiple Disabilities (NIEPMD) Back Year: 2023-2024 Quarter : 3

Mode : VIEW

* Blocks are mandatory

 \ast Registration Fee collected against the no of request is not necessarily equivalent to the total fee collected.

*Block I (Details about the requests and appeals)

Progress during Quarter (01/10/2023 31/12/2023)									
Opening Balance as recieved as transfer		Quarter (including No. of cases		Decisions where request/appeals rejected	Decisions where request/appeals accepted (Request dispose of and request return to applicant)				
(11)	27	73	(19	0	54				
1	N/A	3	N/A	0	3				
Total no. of CAPIOs designated Total no. of CPIOs designated Total no. of AAs designated									
	on begining of Quarter 3	Opening Balance as on begining of Quarter 3 No.of applications recieved as transfer from other PAs u/s 6(3) 11 27 1 N/A	Opening Balance as on begining of Quarter 3 No.of applications recieved as transfer from other PAs u/s 6(3) Recieved during the Quarter (including cases transferred to other PAs) 11 27 73 1 N/A 3	Opening Balance as on begining of Quarter 3 No. of applications recieved as transfer from other PAs u/s 6(3) Recieved during the Quarter (including cases transferred to other PAs) No. of cases transferred to other PAs u/s 6(3) 11 27 73 19 1 N/A 3 N/A	Opening Balance as on begining of Quarter 3 No. of applications recieved as transfer from other PAs u/s 6(3) Recieved during the Quarter (including cases transferred to other PAs) No. of cases transferred to other PAs u/s 6(3) Decisions where request/appeals rejected 11 (27 (73 (19 0 1 N/A (3) N/A 0				

*Block II (Details about fees collected, penalty imposed and disciplinary action taken)

Registration FeeAddl. Fee CollectedCollected(in Rs.)u/s 7(1)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)		
(540)	(108)	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** Sections Section 8 (1) b d 9 11 24 other а f h g 0 0 0 0 0 0) || (0) ((0) (0 0 0) || (0 0) (0

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

S.No.	Whether action is initiated to comply with recommendation of Commission.	Details, thereof (max. 250 chars)
1	Select 🗸	
2	Select V	
3	Select V	
4	Select V	
5	Select V	
6	Select V	
7	Select V	
8	Select V	

9		Select V						
10		Select V						
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)								

* Block V (Details regarding Mandatory Disclosures and Transparency Officer)

A. Is the Mandatory Disclosure under Sec. 4(1)(b) posted on the website of Public Authority ?	If Answer of (A) is N Is there any other medium of disse details below (not exceeding	mination? Provide	If Answer of (A) is yes - Provide the detail/ URL of webpage, where the disclosure is posted		
Yes v			(http://niepmd.tn.nic.in		
* Name of Transparency Officer	r, if any, in the Public Authority along	with the designation	, telephone number & e-mail ID ,		
Whether Transparency Officer Appointed	Yes V				
Name of Transparency Officer					
Gender	Male 🗸				
Designation	Lecturer				
Contact Number	044-27472113 (Enter Landlin	e Numbers as STD Co	de-Phone Number e.g. 011-23346789)		
Email Address	niepmd@gmail.com				
B. Last Date of updating of Man	datory disclosure under Section 4(1)	(b)	18/01/2024		
C. Has the Mandatory Disclosure been audited by third party as per DOPT vide OM No. 1/6/2011-IR dated 15.04.2013 ? If Answer of (C) is yes - Provide the detail/ URL of webpage, where the Audit repor is posted (max 150 chars)					
S	elect 🗸				
Date of audit of Mandatory disclosure under Section 4(1)(b) (Format dd/mm/yyyy)					

HOME	SEARCH	ASSESSMENT	MASTER UPDATION	ANNUAL RETURN	UTILITIES	REPORT	LOGIN HISTORY
LOGOUT							
Public	Authority:	National Institut	e for Empowerment of	Persons with Multiple	e Disabilities (NIEPMD)	Role : Nodal Officer

User : M. Rajesh

Quarterly Return Form

Public Authority : National Institute for Empowerment of Persons with Multiple Disabilities (NIEPMD) Back Year: 2023-2024 Quarter : 4

Mode : EDIT

* Blocks are mandatory

 \ast Registration Fee collected against the no of request is not necessarily equivalent to the total fee collected.

*Block I (Details about the requests and appeals)

Progress during Quarter (01/01/2024 31/03/2024)									
	Opening Balance as on begining of Quarter 4	recieved as transfer	Recieved during the Quarter (including cases transferred to other PAs)	No. of cases	Decisions where request/appeals rejected	Decisions where request/appeals accepted (Request dispose of and request return to applicant)			
Requests	38	45	60	(15	0	105			
First Appeals	1	N/A	6	N/A	0	6			
Tota	Total no. of CAPIOs designated Total no. of CPIOs designated Total no. of AAs designated								
	0		(1						

*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)			
(510)	(156)	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									
а 0) (0	b	с 0	d 0	е (0	f	g (0	h (0	i (0	j (0	9		11	24 0	other 0

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, thereof (max. 250 chars)
1		Select V	
2		Select V	
3		Select V	
4		Select V	
5		Select V	
6		Select V	
7		Select V	
8		Select V	

9		Select V						
10		Select V						
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)								

* Block V (Details regarding Mandatory Disclosures and Transparency Officer)

A. Is the Mandatory Disclosure under Sec. 4(1)(b) posted on the website of Public Authority ?	If Answer of (A) is I Is there any other medium of disse details below (not exceeding	mination? Provide	If Answer of (A) is yes - Provide the detail/ URL of webpage, where the disclosure is posted					
Yes v			(http://niepmd.tn.nic.in					
* Name of Transparency Officer	r, if any, in the Public Authority along	with the designation	, telephone number & e-mail ID ,					
Whether Transparency Officer Appointed	Yes V							
Name of Transparency Officer	A. Amarnath	A. Amarnath (Please do not add Shri/Smt./Mr./Ms. before the name)						
Gender	Male 🗸	Male V						
Designation	Lecturer	Lecturer						
Contact Number	044-27472113 (Enter Landlin	044-27472113 (Enter Landline Numbers as STD Code-Phone Number e.g. 011-23346789)						
Email Address	niepmd@gmail.com	niepmd@gmail.com						
B. Last Date of updating of Mandatory disclosure under Section 4(1)(b)								
C. Has the Mandatory Disclosure been audited by third party as per DOPT vide OM No. 1/6/2011-IR dated 15.04.2013 ? If Answer of (C) is yes - Provide the detail/ URL of webpage, where the Audit report is posted (max 150 chars)								
S	Select 🗸							
Date of audit of Mandatory disc	Date of audit of Mandatory disclosure under Section 4(1)(b) (Format dd/mm/yyyy)							