

## Form – I

CPIO (name, designation and address)

**Shri Chander Kant,**

**Controller of Accounts**

**Trikoot-II, Bhikaji Cama Place,**

**New Delhi – 110 066**

Name of the Public Authority **CPAO**

S. No.	Name & Address of the Applicant	Date of Request	Details of compliance/ rejection of request		The relevant RTI section, if request rejected	Amount of Charges <sup>1</sup> Collected (in Rs.)	First Appellate Authority:- Details of Decision in First Appeal		
			Office Order No.	Date			Office Order No.	Date	The relevant RTI section, if request rejected.
1.	Sh. Shishir Sinha	24.4.2006	----Nil----	26.4.2006	----	---Nil---	----Nil----	----Nil---	----Nil----

1. Charges include all kinds of fees and charges collected.