

## RTI Request & Appeal Management Information System(RTI-MIS)

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**Public Authority:** MSME Development Institute,Kolkata

**Role :** Nodal Officer

**User :** Debabrata Mitra

### Quarterly Return Form

**Public Authority :** **MSME Development Institute,Kolkata**

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**Year:** **2022-2023**

**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 during Quarter (01/04/2022 -- 30/06/2022)						
	Opening Balance as on beginning of Quarter 1	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	Decisions where request/appeals accepted (Request dispose of and request return to applicant)
Requests	0	1	0	0	0	1
First Appeals	0	N/A	0	N/A	0	0
<b>Total no. of CAPIOs designated</b>		<b>Total no. of CPIOs designated</b>		<b>Total no. of AAs designated</b>		
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)
0	0	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	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	<input type="text"/>	Select ▼	<input type="text"/>
2	<input type="text"/>	Select ▼	<input type="text"/>
3	<input type="text"/>	Select ▼	<input type="text"/>
4	<input type="text"/>	Select ▼	<input type="text"/>
5	<input type="text"/>	Select ▼	<input type="text"/>

6	<input type="text"/>	Select ▼	<input type="text"/>
7	<input type="text"/>	Select ▼	<input type="text"/>
8	<input type="text"/>	Select ▼	<input type="text"/>
9	<input type="text"/>	Select ▼	<input type="text"/>
10	<input type="text"/>	Select ▼	<input type="text"/>

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 No - Is there any other medium of dissemination? Provide details below (not exceeding 500 chars)	If Answer of (A) is yes - Provide the detail/ URL of webpage, where the disclosure is posted
Yes ▼	<input type="text"/>	<a href="http://www.msmedikolkata.gov.in/r">http://www.msmedikolkata.gov.in/r</a>

**\* Name of Transparency Officer, if any, in the Public Authority along with the designation, telephone number & e-mail ID ,**

Whether Transparency Officer Appointed	Yes ▼
Name of Transparency Officer	D Mitra ( Please do not add Shri/Smt./Mr./Ms. before the name )
Gender	Male ▼
Designation	Joint Director & HoO
Contact Number	033-25770598 (Enter Landline Numbers as STD Code-Phone Number e.g. 011-23346789)
Email Address	dcdi-kolkatta@dcmsme.gov.in

**B. Last Date of updating of Mandatory disclosure under Section 4(1)(b)** 19/05/2023 

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 report is posted (max 150 chars)
Select ▼	<input type="text"/>

**Date of audit of Mandatory disclosure under Section 4(1)(b) (Format dd/mm/yyyy)** 19/05/2023 

Submit