

State ID   Name of District/Capital   Block

**VI**

**PEOPLE'S RTI ASSESSMENT- 2008**  
**CHECKLIST FOR PA RECORD INSPECTION**

**Name and address of Public Authority**

Name : \_\_\_\_\_

Address : \_\_\_\_\_  
\_\_\_\_\_

State : \_\_\_\_\_ Pin: \_\_\_\_\_

Email : \_\_\_\_\_ Tel: \_\_\_\_\_

**INSPECTION PROCESS**

- |    |                          |   |                                    |                           |
|----|--------------------------|---|------------------------------------|---------------------------|
| a. | <input type="checkbox"/> | I 1. Was there a display board with following details of PIO/APIO/FAA? [ <i>Tick the details displayed and code as 1. If not displayed code 0</i> ] | Yes                                | No                        |
|    |                          |   |                                    |                           |
| b. | <input type="checkbox"/> | a. Name   | 1                                  | 0                         |
| c. | <input type="checkbox"/> | b. Designation  | 1                                  | 0                         |
| d. | <input type="checkbox"/> | c. Room No (for PIO and FAA)  | 1                                  | 0                         |
| e. | <input type="checkbox"/> | d. Telephone Number (PIO)   | 1                                  | 0                         |
|    | <input type="checkbox"/> | e. Time of availability (PIO)   | 1                                  | 0                         |
|    | <input type="checkbox"/> | I 2. Was the PIO available for inspection of records?   | 1. Yes                             | 2. No                     |
|    | <input type="checkbox"/> | I 3. ( <i>If No</i> ) Was another official deputed for inspection of records?   |                                    |                           |
|    |                          | 1. Yes  | 2. No                              | 9. N.A.                   |
|    | <input type="checkbox"/> | I 4. Was the concerned official easy to locate?   | 1. Yes                             | 2. No                     |
|    | <input type="checkbox"/> | I 5. Did the inspection begin at the scheduled time?  | 1. Yes                             | 2. No                     |
|    | <input type="checkbox"/> | I 6. ( <i>If No</i> ) How long did you have to wait?  |                                    |                           |
|    |                          | 1. Less than 15 minutes   | 2. 15 minutes to half an hour      | 3. Half an hour to 1 hour |
|    |                          | 4. 1 and 2 hours  | 5. More than 2 hours               | 9. N.A.                   |
|    | <input type="checkbox"/> | I 7. Were all the files/documents/records you asked for made available for inspection?  |                                    |                           |
|    |                          | 1. Yes  | 2. No                              |                           |
|    | <input type="checkbox"/> | I 8. ( <i>If No</i> ) What was withheld?  |                                    |                           |
|    |                          | 1. Files  | 2. Documents                       | 3. Records asked for      |
|    |                          | 4. Any other ( <i>Specify</i> ) _____   | 9. N.A.                            |                           |
|    | <input type="checkbox"/> | I 9. ( <i>If No</i> ) What reasons were given for withholding it?   |                                    |                           |
|    |                          | 1. Falls under Section 8  | 2. Out of jurisdiction             | 3. Record weeded out      |
|    |                          | 4. Not available  | 5. Others ( <i>Specify</i> ) _____ | 9. N.A.                   |
|    | <input type="checkbox"/> | I 10. Were file notings made available for inspection?  |                                    |                           |
|    |                          | 1. Yes  | 2. No                              | 8. Cant Say/ D.K          |

|                          |  |  |   |                          |
|--------------------------|--|--|---|--------------------------|
| <input type="checkbox"/> | <b>I 11. (If No)</b> What were the reasons provided?                               | 1. Not covered under the Act                           | 2. As per DOPT website file notings are not covered |                          |
|                          |  | 3. Do not have approval of HOD                         | 4. Others ( <i>Specify</i> )_____                   | 9. NA                    |
| <input type="checkbox"/> | <b>I 12.</b> Did you pay an inspection fee?  | 1. Yes   | 2. No   |                          |
| <input type="checkbox"/> | <b>I 13. (If Yes)</b> How much was charged as inspection fee?                      |  |   |                          |
|                          |  | 1. No fee for first hour                               | 2. Rs. 5 for first hour                             |                          |
|                          |  | 3. Rs. 5 for every additional hour or fraction thereof | 4. More than Rs. 10                                 |                          |
|                          |  | 5. More than Rs. 20                                    | 6. More than Rs. 50                                 | 9. N.A                   |
| <input type="checkbox"/> | <b>I 14. (If Yes)</b> Did you get a receipt on depositing the fee?                 |  |   |                          |
|                          |  | 1. Yes   | 2. No   | 9. N.A                   |
| <input type="checkbox"/> | <b>I 15.</b> Were you allowed to take notes?                                       | 1. Yes   | 2. No   |                          |
| <input type="checkbox"/> | <b>I 16.</b> Were you allowed to take photocopies?                                 | 1. Yes   | 2. No   |                          |
| <input type="checkbox"/> | <b>I 17. (If Yes)</b> Was a date and time given to collect photocopies?            |  |   |                          |
|                          |  | 1. Yes   | 2. No   | 9. N.A                   |
| <input type="checkbox"/> | <b>I 18. (If Yes)</b> When were you are asked to come back to collect photocopies? |  |   |                          |
|                          |  | 1. Next Day  | 2. Next Week  | 3. Informed through mail |
|                          |  |  |   | 9. N.A                   |