

Online RTI Request Form Details

RTI Request Details :-

RTI Request Registration number	MOHFW/R/E/20/01117
Public Authority	Department of Health & Family Welfare

Personal Details of RTI Applicant:-

Name	Venkatesh Nayak
Gender	Male
Address	55A, 3rd Floor , Siddharth Chambers-1, Kalu Sarai, New Delhi
Pincode	110016
Country	India
State	Delhi
Status	Urban
Educational Status	Literate
	Above Graduate
Phone Number	Details not provided
Mobile Number	+91-9871050555
Email-ID	venkateshnayak[dot]ss[at]gmail[dot]com

Request Details :-

Citizenship	Indian
Is the Requester Below Poverty Line ?	No

(Description of Information sought (upto 500 characters))

Description of Information Sought	
<p>I would like to obtain the following information from your public authority under the proviso to Section 7(1) relating to urgent requests (48 hours) read with Section 6(1) of the RTI Act, 2005:</p> <ol style="list-style-type: none"> 1) The district-wise number of hospitals and healthcare facilities called by any other name, designated as COVID-19 treatment centres as on date, 2) The postal addresses and telephone numbers of the hospitals and healthcare facilities referred to above, 3) The criteria applied for determining whether or not a hospital or a health care facility should be designated as a COVID- 19 treatment centre, 4) The district-wise names of hospitals and health care facilities whose designation as COVID-19 treatment centres has been withdrawn as on date, and 5) The reasons for withdrawing the designation of every hospital and health care facility referred to at para no. 4 above. <p>As all the information specified above directly concerns the life and liberty of individuals across the country, kindly publicise the information within 48 hours of receipt of this request by uploading the same on your official website under Section 4(1) of the RTI Act with intimation of the relevant URL(s) to this Applicant by email.</p>	
Concerned CPIO	Nodal Officer
Supporting document <i>(only pdf upto 1 MB)</i>	Supporting document not provided

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RTI Online

Version 2.0

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Online RTI Status Form

Note: Fields marked with * are Mandatory.

Enter Registration Number	MOHFW/R/E/20/01117
Name	Venkatesh Nayak
Date of filing	17/04/2020
Public Authority	Department of Health & Family Welfare
Status	RTI REQUEST RECEIVED
Date of action	17/04/2020
Nodal Officer Details :-	
Telephone Number	011-23061554
Email Id	ziley.vical@nic.in

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