

RTI REQUEST DETAILS (आरटीआई अनुरोध विवरण)

Registration Number (पंजीकरण संख्या) : AAIGU/R/2019/50018 **Date of Receipt (प्राप्ति की तारीख) :** 05/07/2019
Type of Receipt (रसीद का प्रकार) : Online Receipt **Language of Request (अनुरोध की भाषा) :** English
Name (नाम) : PARTHA SARBADHIKARI **Gender (लिंग) :** Male
Address (पता) : C-16/401 AIRPORT ENCLAVE C.I.L.S., JESSORE ROAD, NEW BANKRA, P.O. BIRATI, Pin:700051
State (राज्य) : West Bengal **Country (देश) :** India
Phone Number (फोन नंबर) : Details not provided **Mobile Number (मोबाईल नंबर) :** 91-9051466937
Email-ID (ईमेल-आईडी) : babui217@rediffmail.com
Status (स्थिति)(Rural/Urban) : Urban **Education Status :** Above Graduate
Is Requester Below Poverty Line ? (क्या आवेदक गरीबी रेखा से नीचे का है?) : No **Citizenship Status (नागरिकता) :** Indian
Amount Paid (राशि का भुगतान) : 10) (original recipient) **Mode of Payment (भुगतान का प्रकार) :** Payment Gateway
Request Pertains to (अनुरोध निम्नलिखित संबंधित है) : Maya Devi J Nair
Information Sought (जानकारी मांगी) : Sir,
 I Sh. Partha Sarbadhikari AGM(Com-Ops) with emp ID no 10021775 was posted in Guwahati during the year 1992 till 1997 and require all CPF statements (i.e. 1992-93, 1993-94, 1994-95, 1995-96, 1996-97 and 1997-98).

With regards,

Partha Sarbadhikari

Print Save Close

AAI/NER/PIO/PARTHA/RTI-13(334)/I/2180-81

15/07/2019.

16

To.
Shri Partha Sarbadhikari,
C-16/401 Airport Enclave C.H.S.,
Jessore Road, New Bankra,
P.O : Birati, West Bengal,
Pin – 700051

SUB : - Reply under RTI Act, 2005.

Dear Sir,

Reference may please be made to your on line RTI Application dated **05/07/2019**.

In this regard, information pertaining to North Eastern Region of AAI as desired by you are furnished below:-

Sl No	Information sought by the Applicant.	Information provided by PIO, NER, RHQ, Guwahati.
1	Sh. Partha Sarbadhikar AGM(Com-Ops) with emp ID No. 10021775 was posted in Guwahati during the year 1992 till 1997 and require all CPF statements (i.e 1992-93, 1993-94, 1994-95, 1995-96, 1996-97 and 1997-98).	The CPF statements is enclosed herewith for the period of 1992-93, 1993-94, 1994-95, 1995-96, 1996-97 and 1997-98 .

Yours faithfully,

sd

(Maya Devi J Nair)
General Manager(Engg-Elect)/PIO
RTI Cell, RHQ, NER

N.O.O:

Copy to :- (i) RED/FAA, AAI, RHQ,NER – for information please.

Maya
15/7/19
(Maya Devi J Nair)
General Manager(Engg-Elect)/PIO
RTI Cell, RHQ, NER

16/07

de

Station = GUMAHATI
 Name of the Employer = P. SARASWATHI
 Classification = 4000
 Category Code = B
 W.P.F. Code = 0
 Date = 02/11/59

Month Paid	Employees Under Provision				Employees Under Revision			
	Basic W.P.A.	W.P.A. (Fixed)	W.P.F. (Total)	W.P.F. (Share)	W.P.A. (Fixed)	W.P.F. (Total)	W.P.F. (Share)	W.P.F. (Total)
Jan 59	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Feb 59	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Mar 59	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Apr 59	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
May 59	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Jun 59	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Jul 59	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Aug 59	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Sep 59	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Oct 59	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Nov 59	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Dec 59	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Month Paid	Employees Under Provision				Employees Under Revision			
	Basic W.P.A.	W.P.A. (Fixed)	W.P.F. (Total)	W.P.F. (Share)	W.P.A. (Fixed)	W.P.F. (Total)	W.P.F. (Share)	W.P.F. (Total)
Jan 59	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Feb 59	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Mar 59	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Apr 59	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
May 59	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Jun 59	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Jul 59	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Aug 59	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Sep 59	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Oct 59	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Nov 59	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Dec 59	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Signature: [Signature]
 Date: 11/7/59

Name of the Employer: P. SATHISHKUMAR CPF NO. 021159
 Designation: A/C Category Code: B
 Station: GUMMAKAL

North Paid
 Employees Subscription
 Employers Contribution

Month	Basic	WDA	PWA	MP	PAVAD	Compuls. CPF	Refund of Adv. Contrib.	CPF Contrib.	F.P.F. Net Amount	MPA CPF	MPA F.P.F.	Net Amount
March	2000.00	1660.00	0.00	0.00	0.00	368.00	0.00	0.00	668.00	36.00	0.00	668.00
April	2000.00	1660.00	0.00	0.00	0.00	368.00	0.00	0.00	668.00	36.00	0.00	668.00
May	2000.00	1660.00	0.00	7.00	0.00	406.00	0.00	0.00	673.00	36.00	0.00	673.00
June	2000.00	1660.00	0.00	0.00	0.00	368.00	0.00	0.00	668.00	36.00	0.00	668.00
July	2000.00	1660.00	0.00	0.00	0.00	368.00	0.00	0.00	668.00	36.00	0.00	668.00
Aug.	2000.00	1660.00	0.00	0.00	0.00	368.00	0.00	0.00	668.00	36.00	0.00	668.00
Sept.	2000.00	1660.00	0.00	0.00	0.00	368.00	0.00	0.00	668.00	36.00	0.00	668.00
Oct.	2000.00	1660.00	0.00	0.00	0.00	368.00	0.00	0.00	668.00	36.00	0.00	668.00
Nov.	2000.00	1660.00	0.00	0.00	0.00	368.00	0.00	0.00	668.00	36.00	0.00	668.00
Dec.	2000.00	1660.00	0.00	0.00	0.00	368.00	0.00	0.00	668.00	36.00	0.00	668.00
Jan.	2000.00	1660.00	0.00	0.00	0.00	368.00	0.00	0.00	668.00	36.00	0.00	668.00
Feb.	2000.00	1660.00	0.00	0.00	0.00	368.00	0.00	0.00	668.00	36.00	0.00	668.00
Total						4080.00	0.00	0.00	4080.00	396.00		4080.00

Calculations:
 V.P.F. Calculations:
 1. Basic Pay: 2000.00
 2. Dearness Allowance: 0.00
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The above statement is prepared on the basis of the records maintained by the Station concerned and is subject to audit by the Station concerned.

Signature: [Handwritten Signature]
 Date: 11/11/19

Name of the Employee: HR P. CARESAULIARAKU
 Designation: AUI
 Station: ALMAGATA
 Category code: B
 WING: C

Month	Employees contribution				Employers contribution					
	Basic	VDA	MDA	Payroll	Accid. CPE	Compuls. CPE	Retired of Actv. CPE	U.C.P.F. CPE	U.C.P.F. F.I.O.F.	Rest. Amount
March	2060.00	1348.00	0.00	0	406.00	0	0.00	0.00	0.00	406.00
April	2060.00	1348.00	0.00	420	406.00	0	0.00	0.00	0.00	406.00
May	2060.00	1348.00	0.00	0	406.00	0	0.00	0.00	0.00	406.00
June	2060.00	1348.00	0.00	0	406.00	0	0.00	0.00	0.00	406.00
July	2120.00	2005.00	0.00	0	435.00	0	0.00	0.00	0.00	435.00
Aug.	2120.00	2005.00	0.00	0	435.00	0	0.00	0.00	0.00	435.00
Sept.	2120.00	2005.00	0.00	0	435.00	0	0.00	0.00	0.00	435.00
Oct.	2120.00	2005.00	0.00	0	435.00	0	0.00	0.00	0.00	435.00
Nov.	2120.00	2005.00	0.00	0	435.00	0	0.00	0.00	0.00	435.00
Dec.	2120.00	2005.00	0.00	0	435.00	0	0.00	0.00	0.00	435.00
Jan.	2120.00	2005.00	0.00	0	435.00	0	0.00	0.00	0.00	435.00
Feb.	2120.00	2005.00	0.00	0	435.00	0	0.00	0.00	0.00	435.00
TOTAL					3841.00	0	0.00	0.00	0.00	3841.00

Carried from:	Employee	Employee	V.C.P.F. contribution		U.C.P.F. contribution	U.C.P.F. F.I.O.F.	Rest. Amount
			U.C.P.F. required	U.C.P.F. paid			
U.C.P.F. other (B)	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Outstanding balance	2060.00	2060.00	0.00	0.00	0.00	0.00	0.00
Interest on U.C.P.F.	2060.00	2060.00	0.00	0.00	0.00	0.00	0.00
Total advance	4120.00	4120.00	0.00	0.00	0.00	0.00	0.00
Interest on U.C.P.F.	0.00	0.00	0.00	0.00	0.00	0.00	0.00
U.C.P.F. balance	4120.00	4120.00	0.00	0.00	0.00	0.00	0.00

Party	Description	Employee	Employee	U.C.P.F. contribution		U.C.P.F. F.I.O.F.	Rest. Amount
				U.C.P.F. required	U.C.P.F. paid		
U.C.P.F. balance		0.00	0.00	0.00	0.00	0.00	0.00
Outstanding balance		2060.00	2060.00	0.00	0.00	0.00	0.00
Interest on U.C.P.F.		2060.00	2060.00	0.00	0.00	0.00	0.00
Total advance		4120.00	4120.00	0.00	0.00	0.00	0.00
Interest on U.C.P.F.		0.00	0.00	0.00	0.00	0.00	0.00
U.C.P.F. balance		4120.00	4120.00	0.00	0.00	0.00	0.00

The U.C.P.F. statement is provided for information. The statement has been prepared on this basis of available records. No statement has been prepared as requested by certain of the statement before existing for the concerned employees.

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The U.C.P.F. statement is provided for information. The statement has been prepared on this basis of available records. No statement has been prepared as requested by certain of the statement before existing for the concerned employees.

Signature: *[Handwritten Signature]*

Name of the Employer: SHILP SAKSHI OFF No: 02112
 Location: SHAWALI
 Date of Issue: 15/05/2018

HR

Month Paid	Employees Subject to Tax				Employees Exempt from Tax			
	Basic Pay	DA	Gratuity	Other Allowances	Basic Pay	DA	Gratuity	Other Allowances
March	2120.00	200.00	0.00	0.00	0.00	0.00	0.00	0.00
April	2120.00	200.00	0.00	0.00	0.00	0.00	0.00	0.00
May	2120.00	200.00	0.00	0.00	0.00	0.00	0.00	0.00
June	2120.00	200.00	0.00	0.00	0.00	0.00	0.00	0.00
July	2120.00	200.00	0.00	0.00	0.00	0.00	0.00	0.00
Aug.	2120.00	200.00	0.00	0.00	0.00	0.00	0.00	0.00
Sept.	2120.00	200.00	0.00	0.00	0.00	0.00	0.00	0.00
Oct.	2120.00	200.00	0.00	0.00	0.00	0.00	0.00	0.00
Nov.	2120.00	200.00	0.00	0.00	0.00	0.00	0.00	0.00
Dec.	2120.00	200.00	0.00	0.00	0.00	0.00	0.00	0.00
Jan.	2120.00	200.00	0.00	0.00	0.00	0.00	0.00	0.00
Feb.	2120.00	200.00	0.00	0.00	0.00	0.00	0.00	0.00
Total	21200.00	2000.00	0.00	0.00	0.00	0.00	0.00	0.00

HR

Month Paid	Employees Subject to Tax				Employees Exempt from Tax			
	Basic Pay	DA	Gratuity	Other Allowances	Basic Pay	DA	Gratuity	Other Allowances
March	2120.00	200.00	0.00	0.00	0.00	0.00	0.00	0.00
April	2120.00	200.00	0.00	0.00	0.00	0.00	0.00	0.00
May	2120.00	200.00	0.00	0.00	0.00	0.00	0.00	0.00
June	2120.00	200.00	0.00	0.00	0.00	0.00	0.00	0.00
July	2120.00	200.00	0.00	0.00	0.00	0.00	0.00	0.00
Aug.	2120.00	200.00	0.00	0.00	0.00	0.00	0.00	0.00
Sept.	2120.00	200.00	0.00	0.00	0.00	0.00	0.00	0.00
Oct.	2120.00	200.00	0.00	0.00	0.00	0.00	0.00	0.00
Nov.	2120.00	200.00	0.00	0.00	0.00	0.00	0.00	0.00
Dec.	2120.00	200.00	0.00	0.00	0.00	0.00	0.00	0.00
Jan.	2120.00	200.00	0.00	0.00	0.00	0.00	0.00	0.00
Feb.	2120.00	200.00	0.00	0.00	0.00	0.00	0.00	0.00
Total	21200.00	2000.00	0.00	0.00	0.00	0.00	0.00	0.00

HR

I hereby certify that the above details are correct and true to the best of my knowledge and belief.
 Signature: _____ Date: _____

HR

Name of the Employee: HR P SAKESUDHAKARI
 Designation: ...
 Category Code: ...

GF No. 021139
 Station: ...

Employees Subscription

Employees Contribution

Month Paid

Month	Basic	DA	PA	Payable	Comp. of Govt	Avail. GF	Res. Fund of Adv. Tech.	GF P.F. Tech.	GF P.F.	PF Amount	EMP/CH	EMP/CH	PF Amount
March	2120.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	515.00	0.00	515.00	
Apr. II	2120.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	515.00	0.00	515.00	
May	2120.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	515.00	0.00	515.00	
June	2120.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	515.00	0.00	515.00	
July	2120.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	515.00	0.00	515.00	
Aug.	2120.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	515.00	0.00	515.00	
Sept.	2120.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	515.00	0.00	515.00	
Oct.	2120.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	515.00	0.00	515.00	
Nov.	2120.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	515.00	0.00	515.00	
Dec.	2120.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	515.00	0.00	515.00	
Jan.	2120.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	515.00	0.00	515.00	
Feb.	2120.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	515.00	0.00	515.00	
Total :										5150.00		5150.00	

Employees Contribution: ...
 Employees Subscription: ...
 Total: ...

The GF P.F. amount is ...
 The statement has been prepared on the basis of available records ...

Name of the employee: S.L.P. SAKBAUHDORF CPE No. 02150

Employment Code: 10

Date	Rate	M/A	CPE	M/A	Paid	Comp. CPE	Employee's Contribution			Employer's Contribution		
							Adm. CPE	Retire. CPE	F.P.F. Amount	Adm. CPE	Retire. CPE	Net Amount
12/31/50	0.00	0	0	0	0	0	0.00	0.00	0.00	0.00	0.00	0.00
1/31/51	0.00	0	0	0	0	0	0.00	0.00	0.00	0.00	0.00	0.00
2/28/51	0.00	0	0	0	0	0	0.00	0.00	0.00	0.00	0.00	0.00
3/31/51	0.00	0	0	0	0	0	0.00	0.00	0.00	0.00	0.00	0.00
4/30/51	0.00	0	0	0	0	0	0.00	0.00	0.00	0.00	0.00	0.00
5/31/51	0.00	0	0	0	0	0	0.00	0.00	0.00	0.00	0.00	0.00
6/30/51	0.00	0	0	0	0	0	0.00	0.00	0.00	0.00	0.00	0.00
7/31/51	0.00	0	0	0	0	0	0.00	0.00	0.00	0.00	0.00	0.00
8/31/51	0.00	0	0	0	0	0	0.00	0.00	0.00	0.00	0.00	0.00
9/30/51	0.00	0	0	0	0	0	0.00	0.00	0.00	0.00	0.00	0.00
10/31/51	0.00	0	0	0	0	0	0.00	0.00	0.00	0.00	0.00	0.00
11/30/51	0.00	0	0	0	0	0	0.00	0.00	0.00	0.00	0.00	0.00
Total							0.00	0.00	0.00	0.00	0.00	0.00

Employee's Name: S.L.P. SAKBAUHDORF
 Employer's Name: GUMPHRIE
 Date: 11/7/51
 Description of work performed: ...
 Total amount paid: ...
 Total amount received: ...
 Balance due: ...

Handwritten signature and date
 11/7/51