

ANNEXURE - I

Report for the month of September 2015

Sr. No.	Date of receipt of Grievances	From whom received (Name & Address of Applicant)	Pertaining to which Department	Subject (Brief description of grievance)	Date of disposal	If pending, status thereof	Remarks
-----	-----	-----	-----	---NIL---	-----	-----	-----



(K. S. Bhoria)
Deputy Collector (Gen)/
Deputy Director, Public Grievances,
Daman.