

XVII) SUCH OTHER INFORMATION AS MAY BE PRESCRIBED UNDER SECTION 4 (1)(B)(XVII)

List of information which are withheld from the public :

- a) Confidential matters pertaining to examination, paper setting, evaluation of scripts and consequent procedures, composition and proceedings of the selection committees will remain confidential and not available in the public domain.
- b) Information, disclosure of which would prejudicially affect the sovereignty and integrity of India, the security, strategic, scientific or economic interests of the State, relation with foreign State or lead to incitement of an offence;
- c) Information which has been expressly forbidden to be published by any court of law or tribunal or the disclosure of which may constitute contempt of court;
- d) Information, the disclosure of which would cause a breach of privilege of Parliament of the State Legislature;
- e) Information which would impede the process of investigation or apprehension or prosecution of offenders;
- f) Part of a document where law or regulation prohibits the University from providing the part or portion of a document.
- g) Information which relates to personal information the disclosure of which has no relationship to any public activity or interests, or which would cause unwarranted invasion of the privacy of the individual unless the Central Public Information Officer or the State Public Information Officer or the appellate authority, as the case may be, is satisfied that the larger public interest justifies the disclosure of such information.
- h) Annual Confidential Report (ACRs) of officers and employees.
- i) Any other information which University classifies as confidential from time to time.

WORKING HOURS

Monday to Saturday 10.10am to 1.30pm

Lunch Break 1.30pm to 2.15pm

Second Saturday Holiday

Sunday Holiday

VISITING HOURS

Vice-Chancellor 3.30 p.m. to 5.00 p.m.

Registrar 3.30 p.m. to 5.00 p.m.

Appendix
SPECIMEN FORMS FOR OBTAINING INFORMATIONS



Karnataka State Women's University
Jnanashakti Campus, Torvi, Bijapur-585108, Karnataka
FORM OF APPLICATION FOR OBTAINING INFORMATIONS

FROM No.....

Office File No.....

(For Official use only)

To

The Public Information Officer/Registrar
Karnataka State Women's University
Bijapur -586101, Karnataka.

1. Name of Applicant (Full Name)
2. Father/Husband's Name
3. Present Address
4. Present Address (with Telephone E-mail)
5. Particulars in respect of Identity of Applicant
6. Particulars of Information sought
 - i. Subject-matter
 - ii. Time/period to which information relates
 - iii. Details of information
 - iv. Mode of information required (by post/in person/ E-mail)
 - v. In case of post (ordinary, registered or speed post).
7. Category of information (whether the same information had been sought/provided at earlier date(s))
8. Address at which information shall be sent.

9. Whether information had not been available by the Public Authority (Name of Authority).
10. Whether required fee can be paid by you (Eligibility of Applicant)
11. Whether required fee can be paid by you (eligibility of Applicant)
12. Category of Applicant (whether belongs to BPL) (furnish the proof)

Place:

Signature of Applicant (Full Signature)

Address.....

Date:

Phone No.....

Fax No.....

Mobile No.....

E-mail.....



**KARNATAKA STATE WOMEN'S UNIVERSITY, BIJAPUR, KARNATAKA
FORM OF ACKNOWLEDGEMENT**

Acknowledgement Form No.....

(For office use only)

To

Office of the Central Information Officer

State Information Officer

.....
.....
.....

(Address with Telephone No.)

Received the application from.....

.....

.....Address of Applicant) on.....
of.....200.....Seeking information on.....(type of information

Place:

Date:

Name of Central Public Information Office
State Public Information Office
Information Clerk Incharge
(Designation & Seal)



OFFICE OF THE KARNATAKA STATE WOMEN' UNIVERSITY, BIJAPUR
OF INTIMATION FOR
PAYMENT OF FEE FOR INFORMATION

Form No.....

From:

.....
.....
.....

File No.....

Date.....

To

.....
.....
.....

(Full Name and Address of the Applicant)

Sir/Madam,

With reference to your application on.....day of.....20.....requesting information on.....(details of information). I am to inform you that the following amount Rs.....(mention the amount) towards the cost of information which may be deposited in cash for which the undersigned can be able to furnish information sought for in your application.

I may further inform you that the payment should be made within a period of 15 days from the date of receipt of this intimation failing which the application shall be rejected.

Fee Rs.....

Yours faithfully,

(Signature and Seal of
Public information Office)

Place.....

Date.....



OFFICE OF THE KARNATAKA STATE WOMEN'S UNIVERSITY, BIJAPUR
FORM FOR INTIMATION OF
REJECTION OF APPLICATION FOR INFORMATION

Form No.....

From:

.....
.....
.....

(Name and Address of the Authority)

File No.....

Date.....

Sir/Madam,

The above authority.....(Name and Designation of Authority) regrets of inform you that the information..... (details of information) sought by you are rejected/not supplied because of the following reasons:

- a) It comes under the category of exemptions (mention the section/scheduled of the Act/Rules)
- b) Application is incomplete (mention in detail)
- c) Information sought by you is publicly available as published materials
- d) Your identity is doubtful (mention the reason).
- e) Non-payment of fee or less paid (mention in detail if any within time.
- f) Your information is prohibited under.....(section) of the Act (mention the Act (Central/State if any).
- g) The information sought for hampers/violates privacy of.....(Name of person/organization if any).

h) Information sought by you is available on our website (mention details of website).

i) for any other reason please see enclosure.

Moreover, you are at liberty to appeal against such refusal order before the.....(Name and Designation of Public Authority) within 30 days of the receipt of this letter/E-mail/Fax.

Place.....

Yours faithfully,

Date.....

.....
.....

Name and Designation of Authority

Phone No.....Fax No.....

E-Mail.....Website.....



OFFICE OF THE KARNATAKA STATE WOMEN'S UNIVERSITY, BIJAPUR

FORM OF APPEAL

Form No.....

From:

File No...

.....

Date.....

.....

.....

(Full Name and Address of Applicant)

To,

The Vice-Chancellor/Appellate Authority

Karnataka State Women's University

Bijapur.

1) Name of Applicant (Full Name)

2) Address of Applicant

.....

3) Particulars of Central Public Information Officer

4) Date of receipt of order of Public Information Officer for
which appeal is filed

5) Last date of filing of Appeal .

6) The Reasons/Cause of Appeal (details separate sheet
may be enclosed)

7) Particulars of Information

a) Subject-matter of information

b) Deptt./Authority/Organization/Office to

which the information relates

VARIFICATION

I.....(Name of the applicant, Son/Daughter/Wife of.....(Mention Name).....hereby declare that the particulars furnished in the appeal are true and correct and best of my knowledge and belief.

Place:

Date:

(Signature of Applicant with complete Address)

**OFFICE OF THE.....(Name and Address of the Deptt./Org./Authority
FORM OF SECOND APPEAL**

Form No.....

From:

File No.....

.....
.....
.....
.....

Date.....

(Full Name and Address of Applicant)

To,

.....
.....
.....

(Name and Address of Central Information Officer/State Information Officer)

1. Full Name of Applicant
2. Address (Complete Address with Telephone No./ E-mail/Fax No.)
3. Particulars of Ist Appellate Authority
4. Date of receipt of order against which second Appeal is being made
5. Last date of filing of Appeal
6. Particulars of Information
 - i. Subject-matter of information sought for
 - ii. Name of Deptt. to which information relates to
7. Grounds of appeal (Details of ground may be

attached in separate sheet)

VARIFICATION

I.....(Name of the applicant, Son/Daughter/Wife
of.....(mention Name).....hereby declare that the
particulars furnished in the appeal are true and correct and best of my knowledge and belief.

Place:

Date:

(Signature of Applicant
with complete Address)