

## OFFICE OF THE HEAD OF RECORDS AND ARCHIVES

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## REQUEST FOR INFORMATION/RECORD

		Date: 1/17/22
Name of Requestor: Elvi Address: VSU	To E. Ongy	
Address: VSU	J/	
Contact Number: 0914	4826292 E-m	ail address: elvira. Engy & VSH , ed
Proof of Identity:	VGN ID	ID No .: V mo yok
Requested Information:	ification of TPES result	t for AV 2016-2019
No. of copies:	8 5	
Reason & intended use of re	quested information/document	
tw	NBC 441	-
ELVIRA EL. 6 Name & Signature of Reques	১৫ ∕ tor/Representative	
Action on the request:		
Approved:		
Dir	RYSAN C. GUINOCOR ector, ODAS and FOI Decision Ma	ker
Evidence of payment: OR No	. 0607733 Date: 2/19	22 Amount:
Disapproved:		
Dir	RYSAN C. GUINOCOR ector, ODAS and FOI Decision Ma	ker
Remarks/reason for disappro	val:	