

Schedule A

APPLICATION TO FORUM FOR REDRESSAL OF GRIEVANCE

Date _____

1. NAME OF THE CONSUMER _____

2. FULL ADDRESS OF THE CONSUMER _____

_____ PIN CODE _____

PHONE NO. _____ FAX NO _____

EMAIL ID _____

3. PARTICULARS OF CONNECTION AND CONSUMER NO. _____

(Please state nature of connection) _____

4. DISTRIBUTION LICENSEE _____

5. DETAILS OF THE GRIEVANCE, FACTS GIVING RISE TO THE GRIEVANCE

(If space is not sufficient please enclose separate sheet) _____

6. DATE OF ORIGINAL INTIMATION OF GRIEVANCE BY THE CONSUMER TO THE DISTRIBUTION LICENSEE (INTERNAL GRIEVANCE REDRESSAL CELL)

7. REMEDY PROVIDED BY THE DISTRIBUTION LICENSEE, IF ANY

(If remedy has been provided, please enclose relevant communication from the Distribution Licensee)

8. NATURE OF RELIEF SOUGHT FROM THE FORUM _____

(Please enclose any proof to support claim, if any)

9. LIST OF DOCUMENTS ENCLOSED (Please enclose copies of any relevant documents which support the facts giving rise to the Grievance) _____

10. DECLARATION

(a) I/ We, the consumer /s herein declare that: (i) the information furnished herein above is true and correct; and (ii) I/ We have not concealed or misrepresented any fact stated hereinabove and the documents submitted herewith.

(b) The present Grievance has been intimated to the Distribution Licensee in the form and manner and within the time frame prescribed by the Distribution Licensee and I/ We am/are not satisfied by the remedy provided by the Distribution Licensee or no remedy was provided within a period of two (2) months from the date of original intimation

(c) The subject matter of the present Grievance has never been submitted to the Forum by me/ or by any one of us or by any of the parties concerned with the subject matter to the best of my/ our knowledge.

(d) The subject matter of my / our Grievance has not been settled through the Forum in any previous proceedings.

(e) The subject matter of my / our Grievance has not been decided by any competent authority/court/arbitrator, and is not pending before any such authority / court / arbitrator .

Yours faithfully

(Signature)

(Consumer’s name in block letter)

NOMINATION – (If the consumer wants to nominate his representative to appear and make submissions on his behalf before the Forum, the following declaration should be submitted.)

I/We the above named consumer hereby nominate Shri/Smt. _____,
who is not an Advocate and whose address is _____
_____as my/our
REPRESENTATIVE in the proceedings and confirm that any statement, acceptance or rejection made by him/her shall be binding on me/us. He/She has signed below in my presence.

ACCEPTED

(Signature of Representative)

(Signature of Consumer)

Schedule B

REPRESENTATION BEFORE HON'BLE ELECTRICITY OMBUDSMAN

No. _____ of Year _____

Date _____

(To Be Filled Up By Office)

To,

The Electricity Ombudsman,
Maharashtra Electricity Regulatory Commission,
Pl. No. 27 to 30, R002,
Universal Meadows,
New Sneh Nagar, Wardha Road,
Nagpur – 440 015.

Dear Sir,

Sub : Appeal against order of CGRF

Details of the Grievance are as under:

1. **Name Of The Consumer** _____

2. **Full Address Of The Consumer** _____

_____ **Pin Code** _____

Phone No. _____ **Fax No.** _____

Email ID _____

3. **Name And Full Address Of The Distribution Licensee,** _____

_____ **Pin Code.** _____

Phone No. _____ **Fax No.** _____

4. **Name and Full Address of the Forum,** _____

_____ **Pin Code** _____
Phone No. _____ **Fax No.** _____

5. **Particulars Of Connection And Consumer No.**
(Please state nature of connection)

6. **Date of Submission of Grievance by the Consumer to the Forum**

(Please enclose three copies of the Grievance)

7. **Subject Matter Of The Representation** _____

8. **Details of the Representation, Facts giving rise to the Representation**

(If space is not sufficient, please enclose separate sheet)

9. **Whether the Consumer has received the final decision of the Forum?**

(If yes, please enclose 'three copies' of the Forum's order conveying its final decision)

10. **Nature Of Relief Sought From The HON'BLE Electricity Ombudsman**

(Please enclose 'three copies' of documentary proof, if any, in support of your claim)

11. **Nature and Extent Of Monetary Loss, if any, claimed by the Consumer (if any) by way of Compensation Rs.** _____

(Please enclose documentary proof, if any, to show that such loss is actual loss caused as a direct consequence of alleged act, omission or commission of the Distribution Licensee)

12. List of Documents Enclosed

(Please enclose 'three copies' of all the documents which support the facts giving rise to the Representation)

13. Declaration

- (a) I/We, the consumer /s herein declare that:
 - (i) the information furnished hereinabove is true and correct; and
 - (ii) I/ We have not concealed or misrepresented any fact stated in hereinabove and the documents submitted herewith.
- (b) The subject matter of my /our representation has never been brought before the Office of the Electricity Ombudsman by me/ or by any one of us or by any of the parties concerned with the subject matter to the best of my/ our knowledge.
- (c) The subject matter of my / our representation has not been settled through the Office of the Electricity Ombudsman in any previous proceedings.
- (d) The subject matter of the present representation has not been decided by any competent authority / court / arbitrator.

Yours faithfully

(Signature)
(Consumer's name in block letter)

NOMINATION

(If the Consumer wants to nominate his representative to appear and make submissions on his behalf before the Electricity Ombudsman or to the Office of the Electricity Ombudsman, the following declaration should be submitted.)

I / We the above named Consumer hereby nominate Shri/ Smt..... who is not an Advocate and whose address is
..... Mobile No. as my/our REPRESENTATIVE in the proceedings and confirm that any statement, acceptance or rejection made by him/her shall be binding on me/us. He/ She has signed below in my presence.

ACCEPTED
(Signature of Representative)

(Signature of Consumer)