This form is available free of cost and must be submitted in duplicate

Application Form for Enhancement / Reduction of Contract Demand

To,	
(Name of Licensee)	
Application No. :	Dated:
Connection No. : Name of consumer: Address	
	nent due to I / We hereby request for ct Demand as detailed below as per provisions of the Distribution
Address at which enhancement / re Desired Max. Demand	luction of load:
 Existing Proposed Connected Load KW / HP / MW Max. Demand KW / HP / MW Details of load added / disconne 	ted from supply
(a) Lighting(b) Motive Power / Agricultural(d) Other (please specify)	
Enclosures:	
1) A work completion certificate	& test report from licensed electrical contractor from (name of Licensed Electrical Contractor).
A copy of last paid energy bill. The recorded meter readings for path (Approval letter from Electrical Insperior) (Applicable for HT consumers only) to objection certificates from comp	et three billing periods. ctor in view of change in H.T installation is enclosed.
Place:	Signature of the Applicant