

Application form - Conversion of Services / Change of Consumer Category/ Shifting of Connection to new Premises

(Tick the applicable purpose)

1	Service Connection No.	
2	Name of Consumer	
3	Consumer category	
4	Contracted load	
5	Address:	
6	Telephone no.:	
7	Request for change in service:	
i)	If request is for conversion of service: (Tick whichever applicable)	Conversion from LT single phase to LT 3-phase Conversion from LT 3-phase to LT single phase Conversion from LT to HT Conversion from HT to LT Conversion from HT to EHT Conversion from EHT to HT Other (Please specify)
ii)	If request is for change in consumer category, mention the tariff category to which Consumer wants to shift:	(See list of all tariff categories attached with this form)
iii)	If request is for change of connection to new premises:	(a) New address to which existing service connection is to be shifted: (b) Details of equipment to be shifted (Meter/service line, LT/HT line, transformer, etc.):
8	Reason for change in service	

Note: The following documents are attached with the application form: **(Tick whichever applicable)**

1. Installation inspection report
2. Proof of ownership / legal occupancy of premises, if request is for shifting of premises.
3. Any other document **(please specify)**

Date:

Signature of the Consumer

Place

Name

Contact No.:

Email-Id:

Acknowledgement

Application form of Service Connection No.....at present in the name
of..... (Name of applicant) has been received on..... (date)
for.....(Purpose).

In this regard, the consumer is given a reference no.....to be used for all future
correspondence.

Signature / Seal of Licensee's representative

Name and Designation: