

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)*

(Signature of applicant)

### **Appendix - B**

### **REPRESENTATION BEFORE ELECTRICITY OMBUDSMAN**

No. \_\_\_\_\_ of year \_\_\_\_\_

Date \_\_\_\_\_

**(TO BE FILLED UP BY OFFICE)**

To