

6. Details of Power Supply

6.1. L.T. Service connection No. & Date :

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6.2. Load Details :

	Sanctioned Load	Connected Load						
Power Load H.P.	<table border="1" style="display: inline-table;"><tr><td> </td><td> </td><td> </td></tr></table>				<table border="1" style="display: inline-table;"><tr><td> </td><td> </td><td> </td></tr></table>			
Lighting Load H.P.	<table border="1" style="display: inline-table;"><tr><td> </td><td> </td><td> </td></tr></table>				<table border="1" style="display: inline-table;"><tr><td> </td><td> </td><td> </td></tr></table>			
Total H.P.	<table border="1" style="display: inline-table;"><tr><td> </td><td> </td><td> </td></tr></table>				<table border="1" style="display: inline-table;"><tr><td> </td><td> </td><td> </td></tr></table>			

7. a) **Period for which the claim pertains to** **From :**

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To :

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b) **Amount claimed in the TNEB Bill (Rs.) :**

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8. Break-up for the amount claimed :

Month	Units Consumed	Amount paid in Rs.					Subsidy claimed in Rs.
		Consumption charges	Fixed charges	Tax	Other charges	Total	
Total							

Declaration

I / We request that the subsidy claimed by us may be reimbursed.

I / We agree to refund the amount, if found inadmissible for any reasons at a later date.

Date :

Place :

Signature of the Applicant

List of enclosures :

1. Attested Copy of EB Meter Card.
2. Attested copies of the bills and copy of receipts.
3. Advance stamped receipt.