

~~49/2005~~

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ATTN: Mr. ~~Pravin Kulkarni~~

~~ADDITIONAL~~

**Forum for Redressal of Consumer Grievances.**

- 1. Name of the Applicant: - (IN BLOCK LETTERS) : MRS MADHURI M. GAIKWAD
- 2. Consumer No./Application No. : 101962832, Cycle No-18, Date No-305
- 3. Division/Zone : SOUTH (SANTACRUZ)
- 4. Nature of Complaint (Excess billing, Supplementary bills, Tariff change Vigilance charges) : EXCESS Billing
- 5. Complaint No. & Date. : 100286229 dt. 31/08/05
- 6. Disputed Amount. : Rs. 1800/-
- 7. Is the Amount charged U/s 126 of Electricity Act.(i.e for unauthorized use of Electricity Or Theft of Electricity.) : \_\_\_\_\_
- 8. Date of registering of Complaint with REL and with Name & Designation of the concerned Officer: : 01, 17 & 18/10/2005  
Address 90 - Chief Vice President (Commercial) for REL.  
Reliance Energy Ltd. (RE)  
SANTACRUZ (E), Mumbai - 55
- 9. Action taken up by REL in mitigating the Grievance : \_\_\_\_\_
- 10. Name & Designation of the Officers contacted give details of the discussion and Orders issued: : \_\_\_\_\_  
: \_\_\_\_\_  
: \_\_\_\_\_  
: \_\_\_\_\_

11. Any other matter you like to state regarding grievances redressal by REL.

The meter showing high consumption of Units in between heavy Rain fall i.e. 26/7/05. That time meter completely under water for the three days, and there was no power for a week, for the months of July to Sept. meter showing high consumption of Unit i.e. 109, 105, & 448 respectively. Our uses of units is 50 to 65 units per month from last two years.

M Madhura  
Signature of Applicant.

**Schedule A**  
**APPLICATION FOR REDRESSAL OF GRIEVANCE**

Date 08/12/05

1. NAME OF THE CONSUMER Ms. Madhuri M. Gaikwad
2. FULL ADDRESS OF THE CONSUMER B-191/3, Govt. Colony, Bandra (E)  
Mumbai -  
PIN CODE 400 051  
PHONE NO./FAX NO. 9869403207 / 2657 0859.
3. PARTICULARS OF CONNECTION AND CONSUMER NO.  
(Please state nature of connection)  
EI (Residential) A/c No 10/962832, Cycle No-18, Bante No-305.
4. DETAILS OF THE GRIEVANCE  
(If space is not sufficient Please enclose separate sheet)  
Please see attached sheet
5. (a) DATE OF ORIGINAL INTIMATION OF GRIEVANCE BY THE CONSUMER TO THE DISTRIBUTION LICENSEE  
31/08/05
6. REMEDY PROVIDED BY THE DISTRIBUTION LICENSEE, IF ANY  
(If remedy has been provided, please enclose relevant communication from the Distribution Licensee)
7. NATURE OF RELIEF SOUGHT FROM THE FORUM  
Please refund my excess amount pay to REC.  
(Please enclose any proof to support claim, if any)
8. LIST OF DOCUMENTS ENCLOSED  
(Please enclose copies of any relevant documents)  
1) copy of letter write to REC  
2) copy of bills.
9. 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 in aforesaid columns 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 are not satisfied by the remedy provided by the Distribution Licensee or no

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 authority/court/arbitrator.

OR

The subject matter of my / our Grievance is pending since (please mention the date when the matter was filed) ..... before ..... (\*Please mention the name of the authority/court/arbitrator before whom the Grievance is pending) and the proceedings are likely to take time for being finally adjudicated

Yours faithfully

MADHURI M. GAIKWAD  
(Signature)

MADHURI M. GAIKWAD  
(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. Manojkumar N. Gaikwad who is not an Advocate and whose address is A-191/3, Government Colony, Bandra (E), Mumbai-400 051 ..... 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]

(Signature of Consumer)

MADHURI M. GAIKWAD