

**RELIANCE ENERGY LTD.**  
**FORUM FOR REDRESSAL OF CONSUMER GRIEVANCES.**

(to be submitted along with schedule A)

Case No. 02 28/2009  
30

1	Name of the Applicant:- (in block letters)	BALA PRASAD SINGH
2	Contract Account/Application No	150384797
3	Division	South <del>Dist</del> Central Div.
4	Tariff Category (LF1, LF2.....)	LF1
5	Nature of Complaint. (Excess Billing, Supplementary bills, Tariff change....)	Excess Billing
6	Disputed amount	11249/-
7	No. & Date of First Complaint	31/07/2009 sc2/IBR/02/20/0
8	Is the Amount charged U/s 126/135 of Electricity Act.( i.e for Unauthorized use of Electricity or Theft of Electricity)	-
9	Date of registering of Complaint with REL and with Name & Designation of the concerned Officer.	31-7-2009
10	Name & Designation of the Officer Contracted give details of the discussion and Orders issued.	MS/SUVARNAKALE VIKRAM TARALE
11	Action take up by REL in mitigating the Grievance and letter thereof	28-8-2009
12	Date of intimation to Internal Grievance Redressal cell of REL	2-9-2009
13	Date of Acknowledgement given by Internal Grievance Redressal cell of REL.	-
14	Name & Designation of REL Internal Grievance Redressal cell Officer.	Suvarna Kale ,Vikram Tarale
15	Letter from Internal Grievance Redressal cell of REL stating the action taken by REL in respect of the Grievance	13-3-2010
16	Any other matter you like to state regarding grievances redressal by REL	Account should be adjusted by original consumer

Schedule A

APPLICATION TO FORUM FOR REDRESSAL OF GRIEVANCE

Date \_\_\_\_\_

- 1. NAME OF THE CONSUMER BALAJI PRASAD Singh
- 2. FULL ADDRESS OF THE CONSUMER Tabela No-99 Jisamata  
 PIN CODE 402092 Road of madpa Dongri Anahem  
mumbai  
 PHONE NO. 9029468409  
 FAX NO \_\_\_\_\_  
 EMAIL ID \_\_\_\_\_

- 3. PARTICULARS OF CONNECTION AND CONSUMER NO.  
 (Please state nature of connection)  
C.R.T - 150287797

- 4. DISTRIBUTION LICENSEE - Renton

- 5. DETAILS OF THE GRIEVANCE, FACTS GIVING RISE TO THE GRIEVANCE

(If space is not sufficient please enclose separate sheet)

Transfer of arrears Rs 11,249/-

- 6. DATE OF ORIGINAL INTIMATION OF GRIEVANCE BY THE CONSUMER TO THE DISTRIBUTION LICENSEE (INTERNAL GRIEVANCE REDRESSAL CELL)  
8.2.2010

- 7. REMEDY PROVIDED BY THE DISTRIBUTION LICENSEE, IF ANY  
 (If remedy has been provided, please enclose relevant communication from the Distribution Licensee)

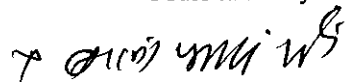
- 8. NATURE OF RELIEF SOUGHT FROM THE FORUM  
To revise the bills by deducting Rs. 11,249/-  
 (Please enclose any proof to support claim, if any)

- 9. LIST OF DOCUMENTS ENCLOSED  
 (Please enclose copies of any relevant documents which support the facts giving rise to the Grievance)

10. 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 hereinabove 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 am/are not satisfied by the remedy provided by the 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 competent authority/court/arbitrator, and is not pending before any such authority / court / arbitrator .

Yours faithfully



(Signature)

(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.  
 ..... , who is not an Advocate and whose address is  
 .....  
 ..... 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 of Consumer)