



**6. Details of Power Supply**

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

--	--	--	--	--	--	--	--	--	--

  

--	--

--	--

--	--	--	--	--

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 :**

--	--

--	--

--	--	--	--	--

  
**To :**

--	--

--	--

--	--	--	--	--

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

--	--	--	--	--	--

**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	
<b>Total</b>							

**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.