**SCHEDULE A FORM**

**APPLICATION TO FORUM FOR REDRESSAL OF GRIEVANCE**

**Date**

1. NAME OF THE CONSUMER\*
2. FULL ADDRESS OF THE CONSUMER\*
3. PINCODE
4. MOBILE NO.

EMAIL ID

1. PARTICULARS OF CONNECTION AND CONSUMER NO. (*Please state nature of connection)*
2. NAME OF DISTRIBUTION LICENSEE
3. DETAILS OF THE GRIEVANCE, FACTS GIVING RISE TO THE GRIEVANCE

*(If space is not sufficient, please enclose separate sheet*)

*\* Type of Grievance : ( Non Supply / New Connection / Reconnection-Disconnection / Billing / Others )*

1. NATURE OF RELIEF SOUGHT FROM THE FORUM

(*Please enclose any proof to support claim, if any*)

1. LIST OF DOCUMENTS ENCLOSED

(*Please enclose copies of any relevant documents which support the facts giving rise to the Grievance*)

1. DECLARATION
   1. I/ We, the consumer/s herein declare that:
      1. the information furnished herein above is true and correct; and
      2. I/ We have not concealed or misrepresented any fact stated hereinabove and the documents submitted herewith.
   2. 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.
   3. The subject matter of my/ our Grievance has not been settled through the Forum in any previous proceedings.
   4. 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 OF CONSUMER)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Consumer’s Name in BLOCK LETTERS)

**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, 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)

**Request to submit below Undertaking / Declaration ( duly filled ) in the event that the representative of the applicant / complainant / consumer is appearing before the Forum to represent the Grievance submissions on behalf of applicant / complainant / consumer.**

**UNDERTAKING TO BE SUBMITTED ALONGWITH SCHEDULE A**

**UNDERTAKING /DECLARATION TO REPRESENT THE GRIEVANCE IN CGRF -AEML**

I/We, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_am/are consumer-s/ Applicant-s/Complainant-s hereby authorize Shri/Smt.

……………………………………………………………………………………………………………………………………………………………………………………

………………….. whose address & contact number is

……………………………………………………………………………………………………………………………………………………………………………………

………………………………………………………………………………………………………………………………………………………………………………….. as my/our REPRESENTATIVE in the proceedings to present the case before the Forum and as per Clause 8.10 of MERC (CGRF & EO) Regulations, 2020, I/We undertake & confirm that –

1. the above mentioned Representative **is not an Advocate** (within the meaning of Advocates Act,1961)

2. the above mentioned Representative **is not receiving any form of, direct or indirect, remuneration for appearing before the Forum** and **he has filed a written declaration to that effect**;

3. the above mentioned Representative is **competent to represent the present matter**.

4. the above mentioned Representative is **my friend / relative / business associate / neighbour** (tick suitable option).

5. 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 Consumer/Applicant/Complainant) (Signature of Representative)

Date :

Place :