## Enhancement from 2kw - 5kw

## APPLICATION FORM FOR PROVIDING LT. SERVICE CONNECTION (FOR ALL CATEGORY AND FOR ALL PURPOSE)

To,					
10,	The Area Manager/ Asstt. Executive Engineer				
	Service Connection Sub-Division/ Distribution Sub-Division				
	MeECL				
	(Indicate the local area of the jurisdiction of the Engineer of the licensee)				
Sir,					
1.	I/We hereby request you to supply electricity to the premises located at the address more fully described below. I/We are the owner/lawful occupier of the premises.				
2.	I/We agree to abide by the terms and condition relating to the supply of electricity by MeECL and to make all payments as may be required and also to pay regularly all charges as may become due.				
3.	a) Full name and address of the applicant with contact telephone number 6mt - Pier Kharbilhai.				
	Address - Mawfawar (Lumma wsing)  Mb No - 93666 80094.  Status in relation to the premises  Owner				
	ML N- 93666 800 94				
b)	Status in relation to the premises		Owner		
			Occupier	a voide.	
Occupied Land					
c)	c) Location and address of the premises including Police Station.				
d)	Nature of LT. supply :	Comercial	Domestic		
		Industrial	General Purpose		
43					
1		WSLT	PL	<u> </u>	
51	MOTA	Agriculture	KJ		
10 m			O k 1 W .		
			P. K. bithai		
Date :	The state of the s		Applicant's Signature		
NB : Th	e following documents are to	be enclosed :		tion Granted .	
1) Test Report from Licensed contractor.  An 45 Du. 5 lbs					
3)	Agreement Form duly filled Proof of ownership (in cas			Milan Can.	
	A N. I. Committee Engineer				
5) NOC of the owner of the premises (in case the application is an occupier).  Asstt. Executive  Mawlei Dist. Sub-Division  Mawlei Dist. Sub-Division  Attested copy of permission obtained from Pollution Controll Board.  MePDCL, Shillong					
6) Attested copy of permission obtained from Pollution Controll Board.  7) Bilding permission from the concerned authority.					
Ok Inspection by Ramut on 25/3/25					
Ok Inspection by Ramut on 25/3/25 De moutowar Hummousey 250/81					
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