

LOAD ENHANCEMENT / LOAD REDUCTION ✓

(Tick the applicable purpose)



1	Name of the Applicant/ Organization:	SHRI EDDIE ALBERT MARGANLANG	
2	Service Connection Number		
3	Address of premises to which electricity is being supplied	MAHPAT MANMURAK	
		Telephone No: 9863050536 Mobile: 9856058184	
		Email	
4	In case of Load Enhancement:		
	Existing Sanctioned load (in kW):	Enhancement load requested (in kW)	
5	In case of Load Reduction:		
	Existing Sanctioned load (in kW)	Reduction load requested (in kW)	
	6	2kW	
6	Reason(s) for Load Enhancement / Reduction		
7	Details of load added/ disconnected from Supply, if applicable. (Please attach list of equipments category-wise) a) Lighting b) Motive Power c) Agriculture d) Other (Please Specify)		

Date: _____

E. Marbeniang
Signature of the Consumer

Place: _____

Name: _____

Note: The following documents are attached with the application form (if applicable)

1. A work completion Certificate & test report from Licensed Electrical Contractor, if the Consumer's installation has been altered.
2. Resolution for authorized Signatory.

New Shillong Distribution Sub-Division
MePDCL, Shillong

Diary No 467
Date 13.8.25