APPENDIX - I

FORM OF APPLICATION FOR SUPPLY ELECTRICITY AT LOW TENSION / HIGH TENSION

T									
To,	The S.D.O.								
	Me. E.C.L. Distribution Sub- osvictor.								
	Me. E.C.L. Distribution Sub-osvision. Ne. P. D. C.L. Garotadha.								
Sir,	I/We request you to supply electricity at I am Tondon (III al. Tondon III)								
at th	I/We request you to supply electricity at Law Tension/High Tension to my I/our premises situated to Requisite inform action is furnished below:-								
(i)	Name of the applicant (Consumer) Int - Kreschila G. Nomm.								
(ii)	Name of the applicant (Consumer) Smt. Kreschila G. Momin. Gonglangue Por Word God Xa. Address for communication South Nest Garo Hills.								
(iii)	Status of the consumer (applicant should state the legal status i.e. whether he is an individual owner or alwful occupant of the Premises for which the supply is required partnership from or limited company or any other local person and in case of partnership unregistered location of its head office, names and address of all partners and copy of the Partnership deed should be filled in case of a company it should be stated whether it is a Private Ltd. names of Present Directors and a copy of the memorandum and/or articles of assiciation should be furnished. In case of any other type of articles of association should be furnished. In case of any other type of local person full details and name and address of the person competent to represent the consumer should be stated)								
(iv)	Location of the premises where supply is required Same as above								
(v)	Character of supply Y30/250 V								
(vi)	Purpose of which supply is required & smostic use								
(vi)	Contracted load								
(viii)	Details of the connected load (The Consumer should furnish the requirement for a period not less than 2 years and preferably for a period of 5 years) OF = 200 8 - 160 WF. P - 1000 2 = 200 WF. F - 80 × 2 - 160 WF. Land to pay all charges such as energy service connection and other								
	dues including deposit of security as may be demanded in according with the rates and condition of supply of the Board in force time to time.								

I/We further declare and I agree to take supply of electric power for the above mentioned purpose for a period of not less than 2 years from the date of commencement of supply and in case of reconnection of supply after a Period of 9 months from teh date of disconnection for not less then one year from the date of reconnection.

the Strong C.C.L. Schedule 1 Form No. 7 Meghalaya State Electricity Board

TEST REPORT

This is to certify that repaired / renewed / additional / new electric Installation at the premises of

								F		
SMT KRISI	PI	LA	9	N	0 1	11	N	TTT	TIT	
(Full Name)										_
90 N G L A M G G (Address) So	OTH		0		RE	P	BAD	HA		

is duly completed, tested and is ready for your Engineer to test and connect on your main line.

The load has been arranged as follows: -1.

Details of Load	Wattage of each item	Phase – 1		Phase – 2		Phase	Total Watt	
		No. of Points	Total Watt	No. of Points	Total Watt	No. of Points	Total Watt	of all 3 phases
1. Light Points [i] 6 Amps [ii] Fluorescent	60 W 100 W 40 W	2	200			roms	Watt	
[iii] Incandescent [iv] CFL [v] Halogen [vi] Others	20 W 500 W	8	160					
2 Fan Points	80 W	2_	160				يطري	
3. Plug Points (3-Pin) [i] 16 Amps	1000 W							
4. Electrical Gadgets [i] Water Heater (Geyser) [ii] Refrigerator [iii] Air Conditioner [iv] Others 5. Welding								
Transformer 6. Motor					Ersin			
Total			520					
In case of load enhance Existing load	ement		1					
Total load in the premi	ses		520					

Notes :-

- Details of any apparatus (other than teh above mentioned) should be given. [a]
- Rating of capacitor used in Induction Motor [b] and Welding Transformer (Test report of capacitor is to be enclosed)



SEX : Female

DATE OF BIRTH/AGE: 13/09/1996

ADDRESS:

HNo.23, BALNANGGRE, VILL-BALNANGGRE, DIST-WEST GARO HILLS-794105

Date:27-11-2016 Electoral Registration Officer

Assembly Constituency No & Name :

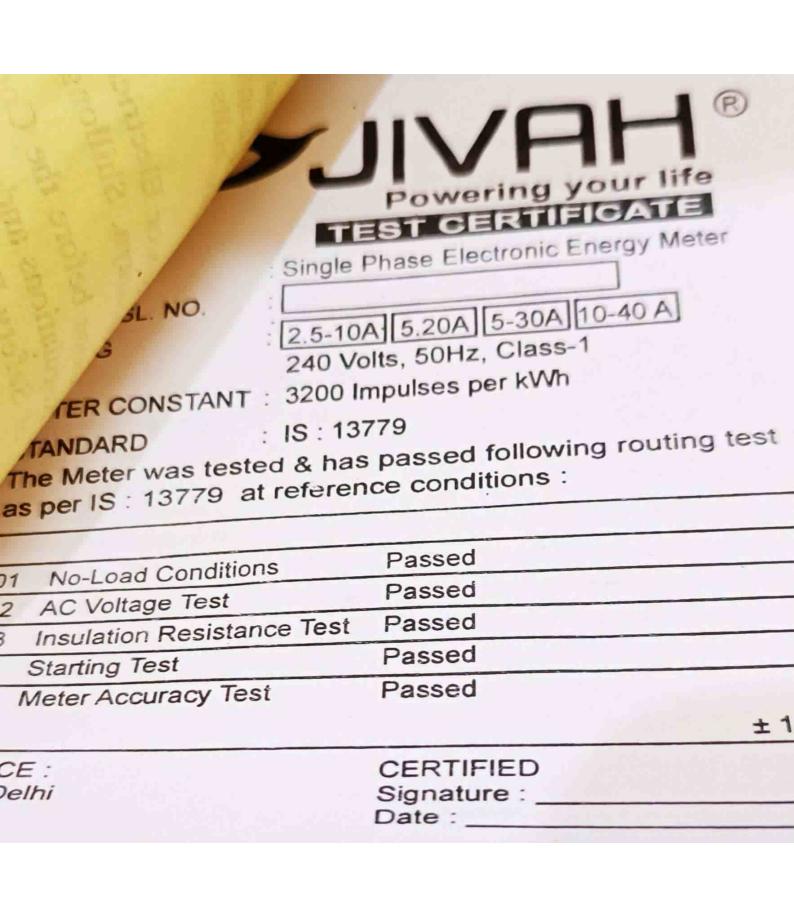
52 - RANGSAKONA

Part No and Name: 35 - SANGKARIGRE

नोट / Note : 1. इसे कार्ड को चारण कारने नाज से यह कोई बातटी नहीं है कि आप सर्वमन निर्वाचक नामावती में निर्वाधक है। कृपमा अपना नाम प्रत्येक पुनाब से पहले वर्तमान नाम्बदनी में जांव ले।

Mere possession of this card is no guarantee that you are elector of the current electoral roll. Please check your name in the current electoral roll before every election. 2 इस कार्ड में उल्लिखित अन्मतिथि को निर्वाधक गामानती में पंजीकरण के असावा अन्य किसी की स्थिति में अध्यु के प्रवाल के रूप में नहीं भाना उपएमा। Date of Birth mentioned in this card shall not be treated as a proof of age/D.O.B. for any purpose other than registration in electoral roll.

8198582487



SAO HILLS AUTOHOMOUS DISTRICT COUNCIL THE



Office of the A•king Nokma

Balnanggre A•king No. III – 24 (9) District: South West Garo Hills.

Ref:	Date: 14/12/2
TO WHOM IT M	LAY CONCERN
This is to certify that Shri/Smt	ILA G MOMIN
This is to certify that Shri/Smt.	MARAK
ner's Name Smt. SAJITHA	
ge Balnanggre P.O. Garobadha. District South West G	
wn to me since childhood.	
He/She bears a good moral character and belongs	to Garo community.
I wish him/her Success in his/her life.	
	Sprt. Punilla Sangma Smt. P. S. Sangma Nokma III-24 (9) Balnanggre A-king West Garo Hills