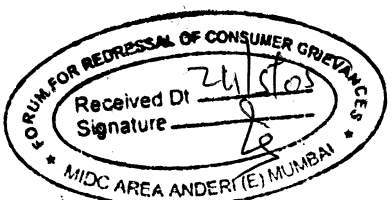


12/2005

Forum for Redressal of Consumer Grievances.

- 1. Name of the Applicant: - (IN BLOCK LETTERS) : BHAKTIVEDANTA HOSPITAL
- 2. Consumer No./Application No. : YQ04908952
- 3. Division/Zone : South NORTH ZONE
- 4. Nature of Complaint (Excess billing, Supplementary bills, Tariff change Vigilance charges) : Unjustified extra charges
- 5. Complaint No. & Date. : 01, 18/05/05
- 6. Disputed Amount. : Approx >50,000/-
- 7. Is the Amount charged U/s 126 of Electricity Act.(I.e for unauthorized use of Electricity Or Theft of Electricity.) : No.
- 8. Date of registering of Complaint with REL and with Name & Designation of the concerned Officer: : 12/05/05 Mr. K. Shende, DhM
13/05/05 The Secretary, MBR C
- 9. Action taken up by REL in mitigating the Grievance : -
- 10. Name & Designation of the Officers contacted give details of the discussion and Orders Issued: : Mr K. Shende
: He has suggested us to
: go to MBR C
- 11. Any other matter you like to state regarding grievances redressal by REL.

[Handwritten Signature]
Signature of Applicant.



Schedule A
APPLICATION FOR REDRESSAL OF GRIEVANCE

Date 18/05/05

1. NAME OF THE CONSUMER BHAKTI VEDANTA HOSPITAL
2. FULL ADDRESS OF THE CONSUMER SRISHTI COMPLEX, MIRA ROAD (E)
PIN CODE 401107
PHONE NO./FAX NO. 28459888/28459885
3. PARTICULARS OF CONNECTION AND CONSUMER NO.
(Please state nature of connection)
LTP2/YQ04908952 (N2)
4. DETAILS OF THE GRIEVANCE
(If space is not sufficient Please enclose separate sheet)
Attached
5. (a) DATE OF ORIGINAL INTIMATION OF GRIEVANCE BY THE CONSUMER TO THE DISTRIBUTION LICENSEE
12/05/05
6. REMEDY PROVIDED BY THE DISTRIBUTION LICENSEE, IF ANY
(If remedy has been provided, please enclose relevant communication from the Distribution Licensee)
7. NATURE OF RELIEF SOUGHT FROM THE FORUM
(Please enclose any proof to support claim, if any)
8. LIST OF DOCUMENTS ENCLOSED
(Please enclose copies of any relevant documents)
9. DECLARATION
 - (a) I/We, the Consumer/s herein declare that
 - (i) the information furnished herein above is true and correct; and
 - (ii) I/We have not concealed or misrepresented any fact stated in aforesaid columns and the documents submitted herewith.
 - (b) The present Grievance has been intimated to the Distribution Licensee in the form and manner and within the time frame prescribed by the Distribution Licensee and I/We are not satisfied by the remedy provided by the Distribution Licensee or no

remedy was provided within a period of two (2) months from the date of original intimation.

- (c) 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.
- (d) The subject matter of my / our Grievance has not been settled through the Forum in any previous proceedings.
- (e) The subject matter of my / our Grievance has not been decided by any authority/court/arbitrator.

OR

The subject matter of my / our Grievance is pending since (please mention the date when the matter was filed) before (*Please mention the name of the authority/court/arbitrator before whom the Grievance is pending) and the proceedings are likely to take time for being finally adjudicated

Yours faithfully

[Handwritten Signature]
(Signature)

for BHAKTIVEDANTA HOSPITAL

(Consumer's name in block letter)

Vishwas Dubey

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 Consumer 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)