Schedule A

APPLICATION TO FORUM FOR REDRESSAL OF GRIEVANCE

Date	
1. NAME OF THE CONSUMER	
2. FULL ADDRESS OF THE CONSUMER	R
	PIN CODE
PHONE NO.	FAX NO
EMAIL ID	
	ND CONSUMER NO.
(Please state nature of connection))
4. DISTRIBUTION LICENSEE	
5. DETAILS OF THE GRIEVANCE, FACT	10
If space is not sufficient please enclose separa	ate sheet)
	N OF GRIEVANCE BY THE CONSUMER TO THE
REMEDY PROVIDED BY THE DISTRI	BUTION LICENSEE, IF ANY

(If remedy has been provided, please enclose relevant communication from the Distribution Licensee)

(Please enclose any proof to support claim, if any)
9. LIST OF DOCUMENTS ENCLOSED (Please enclose copies of any relevant documents which support the facts giving rise to the Grievance)
10. 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 hereinabove 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 am/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 competent authority/court/arbitrator, and is not pending before any such authority / court / arbitrator .
Yours faithfully
(Signature)
(Consumer's name in block letter)
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
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 Consumer)