

**Application form – Conversion of Services / Change of Consumer Category / Shifting of Premises**

(Tick the applicable purpose)

1	Service Connection No.	
2	Name of Consumer	
3	Consumer category	
4	Contracted load	
5	Address:	Telephone no.:                      Mobile:                      Email
6	Request for change in service:	
i)	IF request is for conversion of service: (Tick whichever applicable)	a) Conversion from LT single phase to LT 3-phase b) Conversion from LT 3-phase to LT single phase c) Conversion from LT to HT d) Conversion from HT to LT e) Conversion from HT to EHT f) Conversion from EHT to HT g) Other (Please specify)
ii)	IF request is for change in consumer category, mention the tariff category to which Consumer wants to shift:	(See list of all tariff categories attached with this form)
iii)	IF request is for change in premises:	a) New address to which existing service connection is to be shifted:  b) Details of equipment to be shifted (Meter/service line, LT/HT line, transformer, etc.):
7	Reason for change in service	

**Note:** The following documents are attached with the application form: (Tick whichever applicable)

1. Installation inspection report
2. Proof of ownership / legal occupancy of premises, if request is for shifting of premises
3. Any other document (please specify)

Date: \_\_\_\_\_

Signature of the Consumer

Place: \_\_\_\_\_

Name:

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**Acknowledgement**

Application form of Service Connection No. \_\_\_\_\_ at present in the name  
of \_\_\_\_\_ (name of applicant) has been received on  
\_\_\_\_\_ (date) for

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(purpose).

In this regard, the consumer is given a reference no. \_\_\_\_\_ to be used for all future  
correspondence.

Signature / Seal of Licensee's representative  
Name and Designation: