

DHBVN Consumer Complaint Form

Name of S/Divn. :- Satrod (H21).

Date: - _____

Meter A/c No. _____

Name of Consumer _____

Father / Husband Name _____

Address _____

Contact No. _____

Nature of Complaint:-

Tick Here :-

Checking Report

1. Checking of meter/ wrong reading / billing

Meter Sr. No. _____

2. Checking of brunt/ dead stop meter

Make _____

3. Fault in C.T/ P.T/ meter box

Capacity _____

4. Broken of meter box seal

Reading _____

5. Meter working fast/ or check meter

Glass _____

6. Changing of P.V.C. 2C/ 4C cable

M&P Seal _____

7. To set right the line/ loose sag

Box/ Plate Seal _____

8. Any other complaint detail as under:-

Meter Inside/outside _____

9. RCO OR PDCO

Working _____

MDI _____

Pvc Cut / No cut -----

Last Bill Position:-

Signature of Applicant

Item	CFI	Bulb	Fan	T/V LCD	Fridge	Cool er	Inver ter	Pad Fan	Water Motor	Com puter	Washing Machine	AC	Grass Cutter*	Small Plug	Power Plug/ Geyser	S/M Water Pump
Cap. No.	0.020	0.060	0.060	0.120	0.120	0.250	0.500	0.100	0.373/0.746	0.100	0.350	1.800	1.492	0.200/3	1.000	0.746
Load																
Total																

Signature of Applicant

Date & Sig. of LM/ ALM _____

Date & Sig. of In-charge _____

Stamp of Receiving Official _____