



**ASSAM POWER DISTRIBUTION COMPANY LIMITED**

**VOLUNTARY LOAD DECLARATION FORM (only for LT consumers)**

<i>For Office use only</i>	
Serial Number	
Name of the Sub-division/IRCA	

***To be filled up by the consumer (all fields are mandatory):***

Name of the Consumer														
Address of the Consumer														
Consumer Number (11/12 digit)	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>													
Consumer's Mobile Number	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>													
Authorized Connected Load (kW)														
<b>Declared Connected Load (kW)</b>														
Connected Load to be enhanced (kW)														

**Declarations by the consumer:**

- a) I hereby declare that the connected load shown above is correct to the best of my knowledge and that I shall abide by the rules and regulations in force for this purpose.
- b) I shall take the responsibilities of maintenance of the transformer and judicious use of load with diversity factor well within the safety limit of the transformer. (*Applicable only for consumers having dedicated transformer of 25 kVA Capacity*).

Signature (*or thumb impression*) of the Consumer

Signature of the Receiving Officer (with seal)

Date:.....

Date:.....

.....

**Acknowledgement (Consumer's copy)**

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The Connected Load of the consumer is enhanced from .....kW to .....kW as per declaration by the consumer.

Signature of the Officer (with seal)

Date:.....