

TO BE FILLED IF GAS IS REQUIRED FOR INDUSTRIAL/COMMERCIAL USE.

S. #	Details of Gas Burning Equipment	No. & Size of Equipment	Hours of Daily Operations	Remarks
1-				
2-				
3-				
4-				
5-				

IN CASE OF RE-CONNECTION (FINALLY BILLED CONSUMER).

1-	Consumer No.	_____
2-	Date of Disconnection	_____
3-	Reasons of Disconnection	_____
4-	GSD held before Disconnection	_____
5-	Dues Cleared (Enclose Receipt)	_____

TO BE FILLED IF GAS IS REQUIRED FOR CAPTIVE POWER GENERATION.

A-	Type of Equipment (Gas engine, Dual fuel engine, gas turbine or any turbine or any other type)	
B-	Hours of Daily Operations	
C-	No. of Units proposed	
D-	Generating Capacity of each unit	
E-	Total Installed Capacity KW	
F-	Total Generation in KW per day/24 Hrs.	
G-	Gas Consumption per KW Generation in Cft	
H-	Gas Consumption per hour in Cft, at full capacity	
I-	Gas Consumption for total Generation in 24 hours in Cft	
J-	Power Generation will be used for Self-Use or Selling or Both In case Power Generation is to be partly used for self and partly for Sale, please provide details.	
K-	Future expansion program / Addl. Gas load in Cft per Hour.	
L-	Type of Main product.	
M-	Production Capacity per annum.	
N-	Average Monthly consumption during last 6 months.	

