

FORM - A

**APPLICATION FOR CLAIMING STANDARD AMOUNT BY THE
AFFECTED CONSUMER**

1	Name of the Consumer	
2	Address	
3	R.R. No.	
4	Nature of Complaint in brief	
5	Complaint No.	
6	Date & time of lodging complaint	
7	Date & time the complaint is attended to by the Licensee	
8	Standard time within which the complaint is to be attended to as per Licensees' standards of performance regulations	
9	Actual time taken to attend to the complaint	
10	Standard amount to be received as per Licensees' standards of performance regulations	

Signature

Date :

Place :

ACKNOWLEDGEMENT (To be given by the Licensee)

Claim No. :

Date :

Name of the Consumer

R.R. No.

Claim for standard amount received on (Date)

Signature of the Official of the Licensee
With Name, Seal and Date