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| --- | --- | --- | --- | --- |
| **Electricity Bill Register** | **GVH Samain** |  | **PAGE No.** | ....... |
| Old Ac No./ Meter No. | 1125105RSS211409 | K.No. | H51SS211409 |  |
| **Account No.** | **8864742000** | Name | I/c Vety. Surgeon |  |
| Billing Address | Samain | Premise Address | Samain |  |
| Discom Name | DHBVN | Subdivision | H51-City Tohana ((OP) |  |
| Division | TOHANA | Consumer Type | NDS |  |
| Security Amount | .......................... | Sanctioned Load | 1.40KW |  |
| Meter Number | 1125105RSS211409 | Legancy Account | 1125105RSS211409 |  |
| Bill Month | .......................... | .......................... |  |  |
| Bill Issue Date | .......................... | Due Date | .......................... |  |
| Bill No. | .......................... | Period Days | .......................... |  |
| Old M.Reading Date | .......................... | New M.Reading Date | .......................... |  |
| Old M.Reading | .......................... | New M.Reading | .......................... |  |
| Consumed Units | .......................... | Payable Amount | .......................... |  |
| Arrears | .......................... | Bill Amount | .......................... |  |
| Surcharge | .......................... |  |  |  |
| Amount after Due Date | .......................... | Closing Balance | .......................... |  |
| In words (Rs.) | .......................... .......................... .......................... | | |  |
| Mode of Payment |  |  |  |  |
| Reference No. | .......................... | Instrument No. | .......................... |  |
| Transaction No. | .......................... | Instrument Date | .......................... |  |
| Amount Paid By | .......................... |  |  |  |
|  |  | **Total Amount Paid (Rs.)** | .......................... |  |
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| **ELECTRICITY CONTIGENT BILL** | | | Page No. |  |
| **GVH Samain** | **Account No.** | **8864742000** |  |  |
| **Contingent Bill of** | .......................... | **For the Month of** | .......................... |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| **To Whom payable** | **From whom paid** | **Particulars** |  |  |
| .......................... | .......................... |  |  |  |
|  |  | Amount paid to | DHBVN | TOHANA |
|  |  |  |  |  |
|  | Bill No. | .......................... | Meter Reading |  |
|  | Reference No. | .......................... | New | ............ |
|  | Transaction No. | .......................... | Old | ............ |
|  | Instrument No. | .......................... | Consumed Units | ............ |
|  |  |  |  |  |
|  | **Total Amount Paid (Rs.)** | | | ............ |
|  |  |  |  |  |
|  | In words (Rs.) | .......................... | | |
| **Certified that:-** |  |  |  |  |
| 1. This bill is being submitted for the first time. | | |  |  |
| 2. Electricity has been consumed only for Govt. purposes. | | |  |  |
| 3. No advance has been taken against this bill. | | |  |  |
| 4. The bill has been entered in the CONTIGENCY BILL REGISTER at Page No. | | | | ............ |
| & in the ELECTRICITY BILL REGISTER at Page No. | | | | ............ |
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|  |  |  | **Signature** | |
|  |  |  | ...................... | |
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|  |  |  |  |  |
| Forwarded to SDO AH&D | | TOHANA |  |  |
| for necessary action & information please | |  |  |  |
|  |  |  |  |  |
| Des No. |  | Dated |  |  |
|  |  |  |  |  |
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|  |  |  |  |  |
|  |  | Veterinary Surgeon |  |  |
|  |  | GVH Samain |  |  |
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