



CENTRAL ELECTRICITY SUPPLY UTILITY OF ORISSA
MANDATE FORM FOR ACTIVATING E-MAIL AND SMS SERVICES
(NEW REGISTRATION / CHANGE REQUEST)

CONSUMER'S NAME : _____
(in block letters)

ADDRESS : _____

MOBILE NO : _____

CONTACT PERSON NAME : _____

E-MAIL ID. : _____

CONSUMER NO : _____

DIVISION NAME : _____

SUB-DIVISION NAME: _____

SECTION NAME : _____

TYPE OF SERVICE : E-Mail SMS Both

I/we hereby declare that the particulars given above are correct and express my/our willingness to get the billing information through E-Mail/SMS alteration. I/we also enclosed herewith the photo copies of last month's electricity bill with the money receipt.

Date _____

Place _____

Signature of the Consumer

To,

The Divisional Engineer,

_____ Division,

CESU

FOR OFFICE USE ONLY

APPLICATION NO. _____

Photocopy of Last Month Bill: Attached

Photocopy of Last Month Money Receipt: Attached

Authorization letter in case of industry/company/organization/institution/etc. (other than domestic consumers): Attached

Date _____

Signature of the Officer