

SR No:

Date:



DEMAND ASSESSMENT FORM FOR COMMERCIAL CUSTOMER

1. Name of the Establishment _____

2. Address _____

3. Details of the Business _____

4. Name of the Owner/Chairman/MD/Trust

Contact Person	Designation	Tel No	Fax No	Mail ID

5. Category of Customer: SMALL/MEDIUM/LARGE/EXEMPTED

6. Current Fuel Used.....Quantity.....Per Month.

7. Equipments to be converted to Natural Gas & Natural Gas quantity required for these equipments

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8.

Peak Hours	Peak off take (Max. Demand)
Lean Hours	Lean off take (Min. Demand)

9. Any Future Plan _____

10. Comments/Remarks of Visiting Officer

- i) Enclose Sketch
- ii) Proximity to Pipeline of MNGL to be indicated
- iii) Technically Feasible---Yes /No

Signature of Customer

Signature of MNGL Official

Date: