## **DELHI STATE LEGAL SECVICE AUTHORITY**

## <u>APPLICATION FOR SETTLEMENT OF THE LEGAL DISPUTE AT PRELITIGATIVE STAGE OF BE FILLED UP IN FOUR COPIES</u>

| APPLIC    | CANT'S NAME   |
|-----------|---|
| RESIDI    | ENTIAL ADDRESS  |
|           | OF THE OPPOSITE PARTY/AUTHORITY WITH ADDRESS  |
|           | S OF THE DISPUTED ACTION/DEMAND   |
| BRIEF     | SUMMARY OF THE DISPUTE AND RELIEF CLAIMED BY THE APPLICANT (CHOOSE RELEVANT CLAUSE)   |
| i.        | IWant to settle my case after availing rebate as per policy of the respondent company.  |
| ii.       | I want to pay the bill amount in installment after getting rebate in LPSC as per policy of the respondent company.  |
| iii.      | I need an electricity connection and made request to the respondent company but my request was declined.  |
| iv.       | I want to settle my case after getting all the relevant record for the respondent company and scrutiny thereof in this court.   |
| v.        | The respondent company has made out a false case against me and I pray for summoning of all relevant record and if it is revealed that there was any mistake on my part, I am ready of all relevant record and if it is revealed that there was any mistake on my part, I am ready to settle the dispute on mutually agreed terms and conditions. |
| vi.       | In case of any other dispute please attach separate sheet.  |
|           | (Strike out whichever is not applicable)  |
| (Attach   | separate sheet. If required, add photocopies of the disputed bills/disputed/notes etc.)   |
| settled   | ve named applicant do hereby require that the legal dispute detailed above is likely to go to court, if not d through negotiations. Therefore, it may kindly be placed before Permanent LokAdalat so that efforts may de for an amicable settlement.  |
|           | ertified that the dispute in respect of above mentioned case is not pending in any other court. I also take not to invoke jurisdictionof any other court during pendency of this case.  |
| THERE     | IS AN <u>URGENCY</u> IN THIS MATTER   |
| BECAU     | SE: (i) I have apprehension of disconnection of my electricity connection.  |
|           | (ii) I need an electricity connection   |
|           | (strike out whichever is not applicable)  |
|           | SIGNATURE OF THE APPLICANT/FULLNAME   |
| DATED     | ·   |
| MOBILE    | NO  |
|           | (To be filled up by the office)   |
| i<br>     | LokAdalat concerned   |
| ii<br>    | Forwarded vide ref no   |
| iii<br>iv | In case of private party, notice to be issued on the Address  |
| v         | Next date given  Order of member secretary  |
|           | oracl of member secretary.  |

## **DELHI STATE LEGAL SERVICES AUTHORITY**

## PATIALA HOUSE COURTS, NEW DELHI

| 1  | APPLICANT'S NAME            |         |     |        |           |                   |           |
|----|-----------------------------|---------|-----|--------|-----------|-------------------|-----------|
| 2  | FATHER'S<br>/HUSBAND'S NAME |         |     |        |           |                   |           |
| 3  | DATE OF BIRTH               |         |     |        |           |                   |           |
| 4  | AGE AS ON                   |         |     |        |           |                   |           |
| 5  | PRESENT ADDRESS             |         |     |        |           |                   |           |
| 6  | SUPPLY ADDRESS              |         |     |        |           |                   |           |
| 7  | MOBILE NO.                  |         |     |        |           |                   |           |
| 8  | CA NO.                      |         |     |        |           |                   |           |
| 9  | IDENTITY PROOF              |         |     |        |           |                   |           |
| 10 | NATURE OF DISPUTE           | DT      | DAE | MISUSE | REGULAR   | NEW<br>CONNECTION | EXECUTION |
| 11 | DISPUTED AMOUNT             |         |     |        |           |                   |           |
| 12 | DISTRICT CONCERNED          |         |     |        |           |                   |           |
| 13 | DISCOM NAME                 |         |     |        |           |                   |           |
| 14 | FILED BY                    | COUNSEL |     |        | IN PERSON |                   |           |

DATED: SIGNATURE OF THE APPLICANT/ADVOCATE