



HPSEBL

**ELECTRICITY BILL**

Billing Cycle: MONTHLY

Elec. Sub-Divn:

Contact No.

Acctn. No.

**K. No. :**

NAME:

ADDR. :

BILL NO:

ISSUE DATE:

Conn. Load/Cat

**READING MONTH**

NEW:

OLD:

UNITS CONSUMED:

**CURRENT BILL:**

**ARREARS:**

DUE DATES:

BY CASH/ONLINE/LMK:

BY CHEQUE:

**AMT. BY DUE DT. :**

SRRCHARGE:

**AFTER DUE DT.:**

Addl. DISPUTED AMT:

**DETAILS OF CURRENT BILL**

ENERGY CHARGES:

METER RENT:

SERVICE CHARGES:

ELECT. DUTY:

ELECT. TAX:

PF SURCHARGE:

SUNDRY CHARGES:

E. ALLOWANCE:

**GOVT. SUBSIDY (-):**

**H.P.S.E.B.L. Receipt Stub**

K. No.:

A/C No. :

ARREARS:

Current BILL:

ARREARS:

Bill issue Date:

DUE DATE

By Cash/Online/LMK:

By Cheque:

TOTAL AMT.

By Due Date:

After Due Date: