

FORMAT-36
 Periodicity- Monthly
 Submission by- 2nd week of the Month

OUTAGE DATA OF H.E. STATIONS

Name of the H.E. Station
 Organisation (Name & Address)

(Previous) Month, Year

Unit No	Capacity MW	Planned Outage				Outage Code	Forced Outage				Outage Code	Energy Loss MkWh	Brief Description of Planned /Force outage & Remarks			
		Start		End			Start		End							
		Date	Time	Date	Time		Date	Time	Date	Time						