WESTERN COALFIELDS LIMITED

(A Miniratna-Cat-1.Govt.of India Undertaking)



Office of the

GENERAL MANAGER (M&S)

Regd.Office, CoalEstate, Civil Lines Nagpur-440001

Tel.No.No.0712-2511061 - 2511323 FAX No.2512977

Dated: 10.04.2018

NGP/WCL/M&S/Oprn/60

Notice for Non-Power CSA Consumers drawing Coal by Rail Offer of Coal from Sidings for the Month of Apr'18 Entitlement

All Non- Power consumers (Including LOA Route) drawing Coal under CSA by Rail are informed that offer for Rail dispatches shall be made from the following Sidings for the month of Apr'18:

Sr No	Area	Name of Siding	Declared Grade/Size	Offered Rakes
1	Ballarpur	Ballarpur	Cru ROM G9/G10/G11	15
2	Umrer	Umrer	Cru ROM G9/10/G12	15
Total				30

All Non-Power FSA consumers (Including LOA Route) drawing coal by Rail are advised to submit their application for release of Coal against entitlement for Apr'18, clearly indicating their choice of desired sidings for above mentioned sidings in their order of preference in the prescribed format attached (Annexure 1).

Application for release of Coal against entitlement month of Apr'18 may be submitted by 13th Apr'18.

In case of choice of desired sidings exercised by consumers exceeds Nos of rakes offered from any one siding, allocation shall be made on prorate basis.

WCL reserves the discretion to change/allocate sidings, depending upon coal availability and operational convenience. No correspondence in this regard shall be entertained.

Sr Manager (M&S)/Oprn

(In	Consume	r Letter	head)
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General Manager (M&S)
Western Coalfields Limited
Nagpur

Sub: Application for release of program for the month of Apr'18

Ref: WCL Notice reference No NGP/WCL/M&S/Oprn/

dtd 10.04.2018

Dear Sir

Sr No	Area	Name of Siding	Declared Grade/Size	Choice of desired sources/sidings in order of preference
1	Ballarpur	Ballarpur	Cru ROM G9/G10/G11	
2	Umrer	Umrer	Cru ROM G9/10/G12	

^{*} Please fill up in Scale: from 1 to 2: Most Preferred: 1, Least Preferred: 2

The allocation of rakes may be made as per our order of preference.

Thanking You,

Yours faithfully

Date:

Place:

(Name)
Authorized Signatory.

Note:

- ✓ Scale Most Preferred: 1 Least Preferred: 2
- ✓ All choices(1-3) are mandatory to be filled in, failing allocation shall be done at the discretion of WCL