_____ POWER DISTRIBUTION COMPANY OF A.P. LIMITED

Application Form for solar grid interactive roof-top and small SPV power plants

(in terms of G.O.Ms.22 Dt:25.03.2013 read with G.O.Ms.27 Dt:19.06.2013)

Affix recent Passport Size Photo of the Applicant

For Office Use:

Reg. No.: ----------

Date : ----------

Application fee details:

DD No.: ----------

Date :----------

Bank :----------

To,

The ----------

(Designated Officer)

1	Name of the applicant		
2	Applicant full Address for correspondence	H.No.:	
		Street Name:	
		Village Name:	
		Mandal Name:	
		District Name:	
		Pin Code :	
3	Phone/Mobile No.		
4	Email ID		
Site details where the SPV is to be established			
5	Address of the site for installation	H.No.:	
		Street Name:	
		Village Name:	
		Mandal Name:	
		District Name:	
		Pin Code :	
6	SCNo.		
7	Category		
8	Connected Load (Existing)	----- KW	
9	If Non-Domestic, Specify type of building (Shop/Industry/Govt./Educational/others (specify))		
10	Proposed Capacity under this policy	----------KW	
11	Average monthly consumption of electricity	-------- Units	

Declaration

I here by declare that the information furnished above is true to the best of my knowledge and behalf. If false, APNPDCLhas the right to reject/cancel the application. Further, I hereby agree with the specifications, terms and conditions stipulated by APNPDCL for the selection and installation of roof-top solar power plant.

Place : Signature :

Date: Name :

CHECK LIST :

1.Copy of e lectricity bill (YES/NO)

2.Demand Draft (YES/NO)

3.Self addressedRs..... Stamped envelope (YES/NO)

.....POWER DISTRIBUTION COMPANY OF A.P. LIMITED

ACKNOWLEDGEMENT

Your application for setting up of solar grid interactive roof-top and small SPV power plant under policy on net metering in accordance with of G.O.Ms.No.22, Dt. 25.03.2013 read with G.O.Ms.27 Dt:19.06.2013has been received along with registration fee. The details of DD are as below:

Drawn in favour of	Divisional Engineer/Operation/----------
Demand Draft No.	
Demand Draft Date:	
Issuing Bank	
Amount	Rs. 1000/-

(To be filled by the applicant)

The following Registration Number has been allotted to your application.

Registration Number	
Date of Registration	

(To be filled by Office)

Designated Officer/OP/ NPDCL