

**TATAPOWER-DDL**

APPLICATION FOR INTENT TO SEEK CONNECTIVITY OF RENEWABLE ENERGY SYSTEM

I intend to install grid connected Renewable energy system, in compliance of Delhi Electricity Regulatory Commission (Net Metering for Renewable Energy) Regulations, 2014. Kindly permit the same.

1.	Name : Full Address of Consumer :		
2.	Consumer No. (CA. No.) :		
3.	Category (Domestic / Non Domestic/Commercial etc –SPECIFY) :		
4.	Telephone No :	Res:	Mob:
5.	Email address :		
6.	Sanctioned Load :		
7.	Renewable Energy Source (Solar, wind, etc.) :		
8.	Capacity of Renewable Energy System proposed to be connected :		
9.	Whether the Consumer is under ToD billing system		Yes/No
10.	Type of Renewable Energy System proposed (Solar, Wind, Biomass etc – specify)		
11.	Location and address of Proposed Renewable Energy System (roof top, ground mounted, any other – specify) :		
12.	Capacity of Renewable Energy System proposed to be connected :		
13.	Preferred mode of Communication : (Post/ By Hand/ Electronic etc – specify)		

Please attach the following supporting documents:

- 1) Last paid Bill (Yes/No)
- 2) Declaration /undertaking (Yes/No)
- 3) Owner ship proof/permission letter for installation of renewable generator at my premises (Yes/ No)
- 4) Signature ID Proof (Pan Card/Passport/Driving License) of applicant. (Yes/ No)

Place:

Date :

Signature of Consumer

TATA POWER Delhi Distribution Limited

Regd. Office : NDPL House, Hudson Lines, Kingsway Camp, Delhi 110 009

Tel : 66112222, Fax : 27468042, Email : TPDDL@tatapower-ddl.com

CIN No. : U40109DL2001PLC111526, Website : www.tatapower-ddl.com

ACKNOWLEDGEMENT

Application Number _____

Received the application for connectivity of Renewable Energy System

Name _____

CA No. _____

Date _____

Time _____

Renewable Energy Plant Capacity _____

Renewable Energy Type _____

Mode of payment – (Cheque / DD / Auto debit application fee from electricity bill)

Cheque/DD details _____

Auto Debit of Application fee Rs.500/- (Rupee five Hundred only) through consumer electricity bill CA No. _____

Name of Officer

Signature of Officer & Date

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