

**INTIMATION TO DISCOM FOR IMPLEMENTATION OF GRID CONNECTED
ROOFTOP SOLAR PV PLANT UNDER SCHEME**

To,

Date:

_____ (Designated Officer, DISCOM)

1.	Name of SPD/Implementing Agency	
2	Name of the Consumer*	
Site Details*		
3	Address of the Rooftop Project Site:*	H No:
		Street Name:
		Village Name:
		District Name:
		State:
	Pin Code:	
4	Phone / Mobile no. *	
5	Email Id:	
6	Electricity Consumer No. *	
7	Category (Please) *	<input checked="" type="radio"/> Residential
8	Installed Plant Capacity (kWp)*	
9	Connected load (kVA)*	
10	Voltage level at interconnection*	<input type="checkbox"/> 415 V <input type="checkbox"/> 11 kV <input type="checkbox"/> above 11 kV
11	Nearest Transformer Details	Location: Capacity:
12	Details of Inverter with Anti-Islanding Protection* Phase (Φ): (Please) Galvanic Isolation (Please)	Make: Capacity:
		<input checked="" type="radio"/> Single phase <input type="checkbox"/> 3-Phase
		<input checked="" type="radio"/> Inside Inverter <input type="checkbox"/> Outside Inverter
14	Both AC and DC components of the SPV power plants Earthed*:	<input type="checkbox"/>
15	CEIG Inspection required*	<input type="checkbox"/> Yes <input type="checkbox"/> No
16	If, Yes, Inspection date * (Attach copy of CEIG Certificate)	
18	Bank Account details	Account No.
		Bank Branch
19	Date of Grid Synchronization*	
20	Net metering and grid	Applied on:

.	connectivity (Attach acknowledgment from DISCOM, if received)	Fees Deposited On:
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*to be provided mandatorily

It is certified that the information furnished above is true to the best of my knowledge.

Consumer /Authorised Signatory

