**Appendix I**

**Application for Supply of Electricity at High Tension**  **(to be submitted in 5 sets)**

**Registration No.: Registration Date:**

**Amount Paid Rs: DD No.: DD Date:**

To

(Designated Officer)

I/ We request you to supply electricity at High Tension as mentioned below:

**1a. Name of the Customer in whose name connection is required:**

**1b. Status of the consumer:**

Individual Registered Partner Ship Unregistered Partner Ship

Private Company Limited Company Any Other Government

**2. Location of Premises where supply is required:**

|  |  |  |  |
| --- | --- | --- | --- |
| Door No.: |  | Street: |  |
| Mandal: |  | Village: |  |
| District: |  | PIN Code: |  |

**3. Addresses and Mobile Number for Communication:**

**Address for Communication:**

**Mobile No:**

**Email ID:**

**4. Type of Service required (Please tick the service applied for):**

New Service

Additional Load (Alteration / Extension to existing installation)

Load Deration Load Restoration  Term Restoration

Title Transfer

Change of Category:

Existing Category : Proposed Category:

**5. Category of Supply Requested** (Please tick the category required):

|  |  |
| --- | --- |
| **Category** | **Purpose** |
| **HT-I** | **Industries** |
| **HT-II** | **Commercial & Others** |
| **HT-III** | **Railway /BUS Stations & Airports** |
| **HT-IV** | **Irrigation & CPWS** |
| **HT-V** | **Railway Traction** |
| **HT-VI** | **Townships & Residential Colonies** |
| **HT-VII** | **Temporary** |
| **HT-IX** | **Electric Charging stations** |

**6. Are any other services existing in the same Premises:** Yes  No

If yes, details thereof are as follows:

|  |  |  |
| --- | --- | --- |
| **S. No.** | **Particulars** | **Details** |
| i | Existing Service Connection Number |  |
| ii | Existing Contracted Maximum Demand (KVA) |  |
| iii | Existing Contracted Load (HP/KW) |  |
| iv | Existing Connected Load (HP/KW) |  |
| v | Date of conclusion of present Agreement |  |
| vi | Date of release of supply |  |
| vii | Security Deposit |  |

**7. Are any other services existing elsewhere in the same name or in the**

**Names of sister concerns:** Yes  No

If yes, details thereof are as follows:

|  |  |
| --- | --- |
| **Service Connection Number** | **Category** |
|  |  |

**8. Requirement for New Service:**

|  |  |  |
| --- | --- | --- |
| **i** | Contracted Maximum Demand(KVA) |  |
| **ii** | No. Of Phases & Details (With Phasing if any) |  |
| **iii** | Contracted Load (HP/kW) |  |
| **iv** | Independent Feeder (Yes/ No) |  |

**9. Details connected at the time of commencement of supply:**

**10. Nature of industry and product manufactured:**

**11. Number of running days in a month:**

**12. Number of running shifts of the factory:**

**13. Period of season if load is seasonal:**

**No.of Seasonal Months : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (min. 4 Months)**

**Starting month: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ End month: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**14. Date by which service is required:**

**15. Power of Attorney:**

**16. PAN Number:**

**17. GST Number :**

**18. Any other information:**

**19. Supporting documents enclosed (Please tick here applicable):**

|  |
| --- |
| **Documents to be furnished** |
| Contracted Load Details (Where available) |
| Memorandum of Understanding |
| Articles of Association, Partnership Deed |
| Site plan indicating the Proposed receiving Points of Power   Supply from the Company |
| General Power of Attorney |
| NOC from Local Body (E.g. Gram Panchayat or MCH) |
| Consent from TS Pollution Control Board (If Applicable) |
| SS1 Certificate (If applicable) |
| Industrial License |
| Employment Potential |
| Financial Assistance |
| Line Of Manufacture |
| Letter for Undertaking Capital Works on Turnkey Basis (Optional) |
| Certification of Incorporation |
| Occupancy Certificate( HT-II) |

I/We request the company to provide meter/metering equipment for measuring electricity supplied to me.

I/We undertake to execute an agreement in the prescribed form, if so called upon by the Distribution licensee.

Signature of Applicant Signature of Original Owner

Place Date

**20. Signed by the Applicant in my presence:**

Witness1: Witness2:

|  |  |
| --- | --- |
| Signature:  Name And Address:  Date: | Signature:  Name And Address:  Date: |