

**Electricity Department, Government of Goa**

Application Form for installation of Solar Project under Net Metering arrangement

Name of Distribution Licensee: Electricity Department, Goa.

Name of Administrative Office: Electricity Department, Goa, Division \_\_\_\_\_ at \_\_\_\_\_

(To be filled by the Applicant in Block Letters)

1. Applicant’s Full Name: \_\_\_\_\_

2. Address of the premises at which Solar Project is to be installed: \_\_\_\_\_  
\_\_\_\_\_.

3. Telephone/Mobile No.: \_\_\_\_\_.

4. E-mail ID (if available): \_\_\_\_\_

5. Alternate Address for communication (if any): \_\_\_\_\_

6. Category of existing electricity connection: \_\_\_\_\_

7. Consumer C. A. No.: \_\_\_\_\_ (At which Rooftop Solar plant to be installed)

Other Consumer C. A. Nos for Group Net Metering:

1) \_\_\_\_\_ at \_\_\_\_\_ C. D. \_\_\_\_\_

2) \_\_\_\_\_ at \_\_\_\_\_ C. D. \_\_\_\_\_

8. Sanctioned Load / Contract Demand: \_\_\_\_\_ (in kW /kVA/ HP).

9. Voltage at which existing supply has been given: \_\_\_\_\_ (in volts).

10. Proposed AC capacity of Roof-top Solar PV System to be installed: \_\_\_\_\_ (in kW).

11. Voltage at the output of Solar inverter: \_\_\_\_\_ (in volts).

12. Details of Registration Fee paid (Rs. 500/- Non-refundable): \_\_\_\_\_

Date: \_\_\_\_\_

Signature of Applicant.

Application No. \_\_\_\_\_

Date of Receipt: \_\_\_\_\_

List of documents attached with Application Form

- 1. Copy of the latest paid electricity bill.
- 2. General Power of Attorney in favour of signatory in case of Partnership Firms; certified true copy of the Resolution, authorizing the signatory to deal with the concerned Distribution Licensee, passed by the Board of Directors in case of Companies (as applicable).
- 3. Technical details of PV modules, Inverter and other equipment of system proposed to be installed.
- 4. Proof of payment of Registration Fee.

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**ACKNOWLEDGEMENT**

Received an Application from \_\_\_\_\_ for connectivity/installation of Solar Project of capacity of \_\_\_\_\_ kW as per details below: -

| Date of Receipt | Applicants Name | Application No | Existing Consumer No. | Capacity of Roof- top Solar PV System |
|-----------------|-----------------|----------------|-----------------------|---------------------------------------|
| (1)             | (2)             | (3)            | (4)                   | (5)                                   |
|                 |                 |                |                       |                                       |

Date: \_\_\_\_\_.

(Signature and Designation of Authorized Officer).