## **ANNEXURE-2**

## Application Form for installation of Roof-top Renewable Energy Generating System under Net Metering arrangement

Name of Distribution Licensee: Maharashtra State Electricity Distribution Co.Ltd

	(MSEDO	CL)
Nan	ne of Administrative Office:	
App	lication No. :	
Date	e of Receipt :	
(To	be filled by the Applicant in Block Let	ters)
1	Applicant's Full Name	:
2	Address of the premises at which	:
	Roof-top Renewable Energy	
	Generating System 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 No.	:
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	:
	Renewable Energy Generating	
	System to be installed (in kW)	
11	Voltage at the output of inverter (in	:
	volts)	
12	Details of Registration Fee paid	:
	(For consumers with Sanctioned	
	Load-upto 5 kW: Rs. 500;	
	1	
	For consumers with Sanctioned	
	Load/Contract Demand above 5	
	kW· Rs 1 000)	

Signature of Applicant.

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

## 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 Inverter and other equipment of system proposed to be installed.

4.	Proof of payment of Registration Fee.
ACK	NOWLEDGEMENT
	ved an Application from for connectivity/installation of
	top Renewable Energy Generating System of capacity of kW as per s below :—

Date of	Applicant's Name	Application	Existing	Capacity of Roof-top
Receipt		Number	Consumer	Renewable Energy
			No.	Generating System
(1)	(2)	(3)	(4)	(5)

Date:	(Signature and Designation of Authorized Office
Date:	(Signature and Designation of Authorized Office