



M.P. POORVA KSHETRA VIDYUT VITRAN CO.LTD

FORM NO.1 (A)

**APPLICATION FORM – LOW TENSION SERVICE CONNECTION
(For New Connection)**

To	<u>Category</u>	Tick (√)				
.....	<u>Domestic</u>	<input type="checkbox"/>				
.....	<u>Non-domestic</u>	<input type="checkbox"/>				
.....	<table border="1" style="display: inline-table; vertical-align: middle;"> <tr><td>MPPKVVCL</td></tr> <tr><td>Bargi D/C</td></tr> <tr><td>R-1 No.69/2008</td></tr> <tr><td>Date</td></tr> </table> <u>Industrial</u>	MPPKVVCL	Bargi D/C	R-1 No.69/2008	Date	<input type="checkbox"/>
MPPKVVCL						
Bargi D/C						
R-1 No.69/2008						
Date						
.....	<u>Agricultural</u>	<input type="checkbox"/>				
	<u>Other Agro</u>	<input type="checkbox"/>				
	<u>Street Light</u>	<input type="checkbox"/>				
	<u>Public Water Works</u>	<input type="checkbox"/>				

Sir,

I/We request you to supply electricity to my/our premises. The requisite information is furnished below:

1. Applicant

(a) Name of the person/firm/Company/Trust:

(b) Name of father/husband/Director/Partner/Trustee:

(c) Category :
General / SC / ST / OBC / Others (Firms/Companies)
(Please tick the category applicable)

(d) Address of the premises where a new connection is hereby applied for.

Premise No. :
Street :
Area / Colony:
Town/Distt./PIN :

(e) Present postal address of the applicant:

Name :

Address :

.....PIN :.....

Phone No. Mobile No.

2. Nearest Pole Number from where connection is expected:

3. Built-up area of the premises / plot area : sq. feet

4. Category of supply :
(single phase / three phase / category)

5. Purpose of supply :
(Sub-categories as provided in the list attached)

6. Type of supply (Permanent or Temporary) :

If temporary specify period - From: To

7. Proposed Connected Load

(a) For domestic connection : Watts
Please fill-up and attach format for determination of connected load.

(b) For other categories please fill up the following (Attach duly signed separate list if required)

Item	Load per item (Watts)	No.	Total load (Watts)

8. Distance from the nearest distribution mains to the expected point of connection:

..... Meters

(The above information provided by the consumer will only be treated as indicative. During feasibility study the licensee will determine the point of distribution mains and the route through which the cable / service connection will be drawn)

9. Any electricity dues outstanding in licensee's area of operation in consumer's name:

(Yes or No)

10. Any electricity dues outstanding for the premises for which connection applied for:

(Yes / No / Not known)

11. Any electricity dues outstanding with the licensee against any firm with which the consumer is associated as an Owner, Partner, Director or Managing Director
(Yes or No)

(For serials 9, 10 & 11 if the answer is 'Yes' in any case please provide details)

12. I/ We hereby declare that
- (a) The information provided in this application is true to my knowledge.
 - (b) I/ We have read the Madhya Pradesh Electricity Supply Code and agree to abide by the conditions mentioned therein.
 - (c) I/ We will deposit electricity dues, every month, as per the applicable electricity tariff and other charges failing which the supply of electricity will be liable to be disconnected.
 - (d) I/ We will own the responsibility of security and safety of the meter, cut-out and the installation thereafter.
 - (e) I/ We am/are the owner(s) / legal occupier of the premises in which supply of electricity is hereby requisitioned for which true copies of documents are submitted.
 - (f) I/ We have retained a photo copy of this application form duly filled in and signed.

Date : Signature of the consumer / Authorized Signatory

Place : Name :

Designation (if any):

Note : The following documents shall be attached with the application form

1. Proof of ownership / legal occupation of the premises along with the copy of map of the premises / land, indicating proposed point of supply, duly approved by the local authority. In case of streetlights, the location of street light poles shall be indicated in the map and a resolution of the local body is necessary.
2. Approval / permission of the local authority, if required under any law / statute.
3. In case a partnership firm, partnership deed.
4. In case of a Limited Company, Memorandum and articles of Association, Certificate of incorporation, resolution for obtaining connection and resolution authorizing the person with attested signature to sign application and execution of agreement.
5. In case of industries, copy of certificate of registration with Industries Department.
6. Identification of the person making application like copy of PAN Number / Voter Card / Driving License / Ration Card / Employer's Identity Card /any other photo-identity.

DETERMINATION OF CONNECTED LOAD
Domestic Connection

1. Name of the consumer :
2. Address :
-

3. Consumer Number (for existing connection):.....

4. Electrical equipments proposed to be put to use. Please fill-up the following table to enable determination of the connected load. Normally the actual load of each item will be considered to determine the connected load at the premises. In case of non-availability of the rated capacity of any item, the load shown below shall be considered).

Item	Load per item(watts)	No.	Total load(Watts)
1	2	3	4= 2x3
CFL	15		
Bulb	60		
Tube light	50		
Fan	60		
Tape-recorder/music system	100		
Television	90		
Mixie	375		
Electric Iron	750		
Fridge	150		

Cooler	250		
Heater(for cooking & water heating)			
Washing Machine	750		
Geyser	2000		
Microwave oven	2000		
Air Conditioner(1 Ton)	1500		
Air Conditioner(1.5 Ton)	2250		
Computer	100		
Printer	150		
Pump set	375	Total	

- (a) Spare socket points/holders shall not be counted towards connected load.
- (b) In some domestic connections Geyser, Room Heater and Air-Conditioner(without heater) are installed. If both Geyser(s) and Rom Heater(s) are present, the load of these two types of items shall be added and compared with the load of air-conditioner(s) vis-à-vis load of Air Conditioner(s) shall be considered for determination of connected load.

Signature of the consumer

Signature of the licensee's representative.

Date _____

Date _____

Place_____

Place_____