

FOR OFFICE USE ONLY

Date. _____

Claim No. _____

Sanction No. _____

To,
Executive Officer,
EE&REM Centre,
Delhi Transco Limited
2nd Floor, SLDC Building
Minto Road
New Delhi-110002

Application Form for Release of Rebate/Incentive for installation of Solar Water Heater (SWH) at Non-Commercial Institution (NCI) in Delhi.

PART-A

(To be filled by vendor/dealer/manufacturer/ESCO)

1. Name of Applicant (Firm). _____
2. Postal Address. _____
3. Tel No., Fax, Email. _____
4. Name and Designation of authorized Representative of applicant to whom all references shall be made. _____
5. Has the firm(applicant) have ever been debarred by any Govt. Dept. / Undertaking for any work/such type of work. (if yes, give details) _____
6. Whether the firm is Manufacturer or Dealer of SWH. _____
7. In case of Dealer, Name & address of Manufacturer of SWH. _____
8. Whether the Manufacturer/supplier Is BIS/MNRE approved (Attach Certificate/letter of BIS/MNRE). Letter No. _____ dt. _____. Valid up to _____

YES/ NO

9. Attach dealership certificate from
Manufacturer with validity (for
Dealers/suppliers).

YES/ NO

10. Bank particulars (For release of rebate/incentive)
through ECS

(i) Name & Address of Bank.

(ii) Account No.

(III) MICR Code/RTGS Code (9 digits.)

(iv) Cancelled cheque of bank account attached.

YES/ NO

11. Tin No.

12. Amount of Rebate/Incentive claimed (Rs).

Signature of Applicant.

PART-B

Details of Solar Water Heater installed

To be furnished jointly by NCI and dealer/Manufacturer of SWH (applicant).

1. Name and address of Non-Commercial Institution where Solar Water Heater is installed. _____
2. Tel No./Fax No/ E-Mail address. _____

3. Name and designation of authorized Officer of NCI (e.g. HOD, Principal etc.) _____
4. K.No. _____ Name of Discom _____
(Photocopy of **last paid electricity bill** duly signed by authorized officer of NCI with seal attached). YES/NO
5. Mention S.No. of Annexure 1 of order No. 168 dt. 18-01-08 of GNCTD of Delhi by which the establishment falls under Non-Commercial establishment.(attach copy Of proof duly signed by authorized officer of establishment).
 - (i) Name of category. _____
 - (ii) Category No of Annexure 1 _____
 - (iii) Proof of NCI attached(specify) _____
6. (a) In case of college/Institute, whether Hostel exists. YES/NO
(b) For religious establishments, please specify if it has kitchen for serving food to people YES/NO
7. Capacity of SWH installed. _____ LPD
8. In case of large SWH, please specify the system configuration ,indicating break up of sub units _____

9. Type of SWH FPC/ ETC based.

10. No.of Plates/ Tubes. _____ Plates/Tubes.
11. (a) Invoice No. _____ dt. _____ for Rs. _____.
(b) Amount of Incentive/rebate claimed _____
(Please submit copy of invoice duly signed by NCI establishment
and SWH dealer/manufacturer-applicant).
12. Piping/ fitting & installation of SWH. Completed/Not completed.
13. Purpose for which hot water is used. _____

14. (a) Copy of Commercial agreement/AMC between
Vendor and NCI giving term and conditions
duly signed by both the parties. Attached / Not Attached.
(b) Whether the claimant has made an arrangement,
in the above commercial agreement with the NCI, to
maintain the system for five years. YES/NO
15. Submit two photographs of Installation
duly signed by vendor and NCI. Attached/Not Attached.
16. Date of Commissioning of SWH. _____
17. Working of the system. Satisfactory/unsatisfactory.

It is Certified that particulars of SWH installed and given above are correct. The establishment i.e. _____ (name) falls under the category of Non-Commercial institute in Delhi and eligible for availing rebate/ incentive in accordance with Govt. of NCT of Delhi. Department of Power order No. F.11 (96)/2007/Power/168 dt. 18-01-08 and subsequent amendment if any. It is further certified that an amount of Rs. _____ has been passed on (through reduction in cost) to NCI (name) _____ by dealer/manufacturer (name) _____ of SWH and this amount be paid to dealer/manufacturer by EE&REM Centre of Dept. of Power of Govt. of NCT of Delhi.

The Non-Commercial institute (NCI) name _____ also certify that the SWH installed shall be kept in working order for regular use of hot water for _____ purpose and the installed SWH shall not be shifted from the address given above, without written approval of EE&REM Centre.DTL.

The Dealer /Manufacturer (name) _____ and NCI (Name) _____
certify that particulars given above are true and nothing has been concealed. In case it is found that
the information is false/incorrect the rebate/incentive shall be withdrawn/recovered.

The installed SWH is ready for verification by EE&REM Centre.

Signature. _____

Name _____

Designation _____
(NCI authorized officer) Authorized person of dealer/
Manufacturer.

Rubber stamp _____

Date _____

PART-C

(Check List of documents to be enclosed with this application).

S.No.	Name of Document	Reference	Attached
1.	BIS/MNRE Certificate(approval letter)	PartA/Cl.8	Yes/No
2.	Dealership certificate from manufacturerer.	PartA/Cl.9	Yes/No
3.	Cancelled Cheque.	PartA/Cl.10	Yes/No
4.	Photocopy of <u>last paid electricity bill</u> duly signed by NCI.	PartB/CL. 4	Yes/No
5.	Copy of invoice of SWH duly signed.	PartB/Cl. 11	Yes/No
6.	Copy of commercial agreement/AMC.	PartB/Cl. 14	Yes/No
7.	Photograph of site where SWH is installed.	PartB/Cl. 15	Yes/No
8.	Copy of proof of NCI duly signed.	PartB/Cl. 5	Yes/No
9.	Any other document (pl. specify).		Yes/No

Signature of Applicant.

PART-D

(To be filled in by EE&REM Centre)

Verification Report

1. Date of Verification at Site _____
2. LPD _____
3. Type (ETC/FPC) _____
4. No. of Tubes/Plates. _____
5. No. of Photographs of System installed
at site taken and enclosed: (duly signed). Yes / No _____
6. Whether system is installed / commissioned. Yes / No _____

Signature of Verifier _____
Name of Verifier _____
Designation _____
Date _____

Manager (T) EE&REM-I

May please obtain the approval and sanction from the competent authority for release of Rs. _____ to M/s _____ for selling the _____ LPD, SWH system at a reduced cost as per GNCTD scheme for NCI to _____ having K.No. / CRN No. _____ of _____ (Discom).

Signature _____
Name _____
Designation **Manager(T) EE&REM-I**

DGM(T) EE&REM