

SAMPLE FILLED FORM
FOR HT CONNECTION

ADMINISTRATION OF DAMAN AND DIU
ELECTRICITY DEPARTMENT,
DAMAN AND DIU

(For Office use only)	Registration Number																
	Date of Receipt																
	Name of Sub-division																
	Application Number																
Date of Receipt																	

APPLICATION FORM FOR LT ELECTRICITY CONNECTION (ABOVE 100 KVA)

Note: Intending consumer are requested to see that this form is fully, clearly and legibly filed and signed with date before submitting to the department.
Please strike out words or clauses which are not applicable.

To
The Executive Engineer,
Electricity Department,
Daman and Diu.

Dear Sir,

I/We intend to avail Low Tension Power supply for the purpose as detailed below. Accordingly an application in the prescribed format is submitted for scrutiny and sanction of the power supply at the earliest.

Category of Electricity Usage (Tick as Applicable)	Domestic	Residential	Hostel	Educational Instt.	Charitable	Religious	Others	Affix Recent passport size photograph and sign across.														
	Non-Residential	Shop	Bank	Hotel	Hospital	Auditorium	Office															
	Industrial	<input checked="" type="checkbox"/>		HT Supply		<input checked="" type="checkbox"/>																
	Street Lighting	Agricultural Pumping			Temporary																	
	Change of Name	Extension of Load	Reduction of Load	Reconnection	Change of Category																	
Demand Details		Load applied for: 500 KVA						KW														
1 Applicant's Mr/Mrs/Ms	K	I	S	H	O	R	B	A	N	S	A	L										
	First Name						Middle Name															
	M	U	L	T	I	L	I	G	H	J	N	G										
	Surname																					
2 Father's/ husband's Name	K	I	S	H	O	R	B	A	N	S	A	L										
3 Occupation/ Designation	D	I	R	E	C	T	O	R														
4 Address at which supply is required	Flat No./ Building Name																					
	S	U	R	V	E	Y	N	O	3	5	7	P	L	O	T	N	O	2	2			
	Sector/ Street/ Village																					
	G	D	D	I	D	C																
	Land Mark																					
	K	A	C	H	I	G	A	M														
	City																					
	N	A	N	I	D	A	M	A	N			Pin Code.										
	Phone Number						Landline No.	5	Mobile Number			9	1	-								
	E-mail Address																					
	M	U	L	T	I	L	I	G	H	T	I	N	G	@	G	M	A	I	L	.C	O	M
5 Permanent Address	11/33, ROYAL SOCIETY																					
	UNNAT NAGAR																					
	KANADIVALI (w) MUMBALI																					
	Pin Code.																					
	phone No.						Mobile Number			9	1											
6 Office Address	SURVEY NO 35 7 PLOT NO 22																					
	G	D	D	I	D	C																
	KACHHIGAM																					
	N	A	N	I	D	A	M	A	N			Pin Code.										
	phone No.						Mobile Number			9	1											
7 Self Attested Copy of any one document Attached (please tick)	Passport						Pan Card															
	Driving License						Pension Payment order															
	Identity Card						Freedom fighter Pass															
	Election ID						Arms License															
	Photo Debit Card						Bar Council I.D / Adhar															

8	Proof of Ownership Self Attested copy of any one document Attached (please tick) and Proof of Occupancy Self Attested copy of any one document Attached (please tick)	Registered Sale Deed	Certificate of residence issued by Area Councilor in case of rural under MC alongwith lay out plan.	
		Registered partition Deed		
		Registered Succession Certificate	Certificate of reesidence issued by Tehsildar & patwari in case of rural areas not under MC alongwith lay out plan.	
		Registered Heir Certificate		
		Registered Will		
		Occupancy Certificate	Issu	Issued by Town Planning Authority
		Registered Power of Attorney		Allotment order issued by owner
		Latest Rent Receipt		Land Revenue receipt in case of agriculture/irrigation pump set
		Lease Deed		
	Rent Agreement		Possession letter	
9	In case of tenant, permission of Landlord with proof of ownership of premises alongwith landlord's full name & adress be attached (please tick)			
10	In case of partnership firm, partnership deed and authorization, article of association in the name of the applicant be attached (pleasea tick)			
11	In case of public/private Ltd firm, memorandum article of association, certificate of incorporation and authorization in the name of the applicant be attached (please tick)			
12	In case of Cooperative Group Housing Society, certified copy the registration of the cooperative Group Housing Society be attached (please tick)			
13	Existing A/C No. for reconenction, extension/reduction in load or change of name			
14	Details of any other existing connection in the name of applicant at any other premise in Daman and Diu.	Category		
		A/C No		
		Address		
15	Details of any other connections in the same premises. If any			
	Category			
	A/C No			
	Address			
16	Details of any other disconencted electricity connection in the name of applicant anywhere in Daman and Diu.	Date of disconnection		
		Category		
		A/C No.		
		Address		
17	The wiring carried out/certified by the following Licensed Electrical Contractor:			
	Name			
	Address			
	Phone No.	Landline No.	0 2 6 0	
	Emaild		Mobile Number	
	Issuing Authority			
	Licence No		Valid Upto	
18	Mention your option to procure the meter MCB/CB & associated equipments by the applicant (Yes/No)	Yes	No	
19	Mention your option to bear the cost of service line and extensions by the applicant (Yes/No)	Yes	No	
20	Installation test Report along with List of Machinery be attached (Please tick)	Yes	No	
Billing & Collection				
21	Do you prefer to receive copy of bill/payment remeinder/important messages through email/sms	Yes	No	
22	If yes, have you meantioned your email address/ Mobile Number at Sr. no. 4 above.	Yes	No	
23	Preferred Mode of dispatch of bills (Ordinary post/Registered Post)	Ordinary Post	Registered Post	
24	If through registered post, then the expense of such delivery of bill shall be recoverable from you. Accordingly have you submitted the written request.	Yes	No	

25. Declaration / Undertaking

- (a) I have read and agreed to the notice/conditions above and make following declaration/ undertaking -
- (b) To abide by the provisions of Electricity Act 2003 and Joint Electricity Regulatory Commission (JERC) for the State of Goa and Union Territories (Electricity) Supply Code and other conditions of supply) as amended from time to time
- (c) To pay for the supply of electricity based on the prevailing tariff rates of Daman and Diu Electricity Department
- (d) To pay for all other proper charges as become due in accordance with the above regulations and approved schedule of charges of DD Electricity Department
- (e) To deposit such security as Daman and Diu Electricity Department, may be entitled to required from me under the above act and regulations.
- (f) In case of any fraudulent document submitted by me, I shall be solely and exclusively responsible for the criminal proceedings or any court proceedings initiated and Daman and Diu Electricity Department and any employed thereof, shall not be responsible for the same.
- (g) It is also undertake that the above information is correct and in case, I/we violate any undertaking/ instructions or any other information is found to be false at any stage. My/our electric connection may not be released and if released, it may be disconnected without any notice and all charges deposited by me/us be forfeited.

Date _____

Signature of Applicant

Name :-

Signature of the officer/officials verifying the correctness of the application

Name _____

Dated _____

In case of single phase domestic and non domestic consumers, the application from itself shall be treated as agreement.

SAMPLE FILLED FORM
FOR LT CONNECTION

ADMINISTRATION OF DAMAN AND DIU
ELECTRICITY DEPARTMENT,
DAMAN AND DIU

(For Office use only)					Registration Number														
					Date of Receipt														
	Name of Sub-division				Application Number														
					Date of Receipt														

APPLICATION FORM FOR LT ELECTRICITY CONNECTION (BELOW 100 KVA)

Note: Intending consumer are requested to see that this form is fully, clearly and legibly filled and signed with date before submitting to the department.

Please strike out words or clauses which are not applicable.

To

The Executive Engineer,
Electricity Department,
Daman and Diu.

Dear Sir,

I/We intend to avail Low Tension Power supply for the purpose as detailed below. Accordingly an application in the prescribed format is submitted for scrutiny and sanction of the power supply at the earliest.

Category of Electricity Usage (Tick as Applicable)	Domestic	Residential	Hostel	Educational Instt.	Charitable	Religious	Others	Affix Recent passport size photograph and sign across.	
	Non-Residential	Shop	Bank	Hotel	Hospital	Auditorium	Office		
	Industrial	LT Supply				Temporary			
	Street Lighting	Agricultural Pumping							
	Change of Name	Extension of Load	Reduction of Load	Reconnection	Change of Category				

Demand Details	Load applied for	95 HP	KW
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1 Applicant's Mr/Mrs/Ms	P	A	V	A	M	K	J	A	J	N		
	First Name					Middle Name						
	H	E	E	R	P	O	L	Y	M	E	R	S
	Surname											

2 Father's/ husband's Name	K	I	S	H	O	R	D	J	A	J	N
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3 Occupation/ Designation	D	I	R	E	C	T	O	R
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4 Address at which supply is required																							
Flat No./ Building Name	P	L	O	T	N	O.	2	6															
Sector/ Street/ Village	S	O	M	N	A	T	H	R	O	A	D												
Land Mark	D	A	B	H	E	L																	
City	N	A	N	I	D	A	M	A	N	Pin Code:	3	9	6	2	1	0							
Phone Number	Landline No.				0	2	6	0	Mobile Number				0	9	8	2	0	4	8	9	3	5	7
E-mail Address	H	E	E	R	P	O	L	Y	2	1	@	G	M	A	I	L	.	C	O	M			

5 Permanent Address	1	1	3	3	R	O	Y	A	L	S	O	C	I	E	T	Y							
	U	N	N	A	T	N	A	G	A	R	M	.	G	R	O	A	D						
	G	O	R	E	G	A	O	N	(w)	M	U	M	B	A	I								
	phone No.				0	2	6	0	Mobile Number				0	9	8	2	0	4	8	9	3	5	7

6 Office Address	P	L	O	T	N	O.	2	6															
	S	O	M	N	A	T	H	R	O	A	D	D	A	B	H	E	L						
	N	A	N	I	D	A	M	A	N														
	phone No.								Pin Code:				3	9	6	2	1	0					
	phone No.								Mobile Number				0	9	8	2	0	4	8	9	3	5	7

7 Self Attested Copy of any one document Attached (please tick)	Passport	Pan Card
	Driving License	Pension Payment order
	Identity Card	Freedom fighter Pass
	Election ID	Arms License
	Photo Debit Card	Bar Council ID / Adhar

8	Proof of Ownership Self Attested copy of any one document Attached (please tick) and Proof of Occupancy Self Attested copy of any one document Attached (please tick)	Registered Sale Deed		Certificate of residence issued by Area Councilor in case of rural under MC alongwith lay out plan.	
		Registered partition Deed			
		Registered Succession Certificate		Certificate of residence issued by Tehsildar & patwari in case of rural areas not under MC alongwith lay out plan.	
		Registered Heir Certificate			
		Registered Will			
		Occupancy Certificate	Issued by	Issued by Town Planning Authority	
		Registered Power of Attorney		Allotment order issued by owner	
		Latest Rent Receipt		Land Revenue receipt in case of agriculture/irrigation pump set	
	Lease Deed				
	Rent Agreement		Possession letter		
9	In case of tenant, permission of Landlord with proof of ownership of premises alongwith landlord's full name & address be attached (please tick)				
10	In case of partnership firm, partnership deed and authorization, article of association in the name of the applicant be attached (please tick)				
11	In case of public/private Ltd firm, memorandum, article of association, certificate of incorporation and authorization in the name of the applicant be attached (please tick)				
12	In case of Cooperative Group Housing Society, certified copy the registration of the cooperative Group Housing Society be attached (please tick)				
13	Existing A/C No. for reconenction, extension/reduction in load or change of name.				
14	Details of any other existing connection in the name of applicant at any other premise in Daman and Diu.	Category			
		A/C No			
		Address			
15	Details of any other connections in the same premises. If any	Category			
		A/C No			
		Address			
16	Details of any other disconnected electricity connection in the name of applicant anywhere in Daman and Diu	Date of disconnection			
		Category			
		A/C No			
17	The wiring carried out/certified by the following Licensed Electrical Contractor.				
	Name			S H R E E J I	E L E C T R I C A L S
	Address		1 4 2	1 0 R I N G A	N W A D A . N A N I
		D A M A N			
	Phone No.	Landline No.	0 2 6 3		Mobile Number
	Email	S H R E E 11 @ G M A I L .			C O M
Issuing Authority					
Licence No	G B C 2 5 4 8		Valid Upto	3 1 - 12 - 2 0 1 5	
18	Mention your option to procure the meter, MCB/CB & associated equipments by the applicant (Yes/No)				Yes No
19	Mention your option to bear the cost of service line and extensions by the applicant (Yes/No)				Yes No
20	Installation test Report along with List of Machinery be attached (Please tick)				Yes No
Billing & Collection					
21	Do you prefer to receive copy of bill/payment reminder/important messages through email/sms				Yes No
22	If yes, have you mentioned your email address/ Mobile Number at Sr. no. 4 above.				Yes No
23	Preferred Mode of dispatch of bills (Ordinary post/Registered Post)		Ordinary Post	Registered Post	
24	If through registered post, then the expense of such delivery of bill shall be recoverable from you. Accordingly have you submitted the written request.				Yes No

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- (a) I have read and agreed to the notice/conditions above and make following declaration/ undertaking:-
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(g)

It is also undertake that the above information is correct and in case, I/we violate any undertaking/ instructions or any other information is found to be false at any stage. My/our electric connection may not be released and if released, it may be disconnected without any notice and all charges deposited by me/us be forfeited.

Date _____

Signature of Applicant

Name :-

Signature of the officer/officials verifying the correctness of the application

Name _____

Dated _____

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