

CONNECTION SERVICE(S) FORM

Please fill the form in CAPITAL LETTERS (please \checkmark on the appropriate box)

CONNECTION SERVICE(S) REQUIRED		Form Serial No. CAE												
New Connection	Connection Particular Changes for Existing Connections	Tom condition on a												
O Permanent Connection	Un-metered to Metered													
Temporary Connection (Regular supply / Connection)	Reconnection (Dormant Supply)	Reference No.												
Temporary Connection (Short term Functions)	O Prepaid O Post Paid	K. No.												
A GENERAL PARTICULARS														
For Individual Applicants only														
Title O Mr. O Ms. O Dr. O Pr	rof. OOthers Age	Years Date of Birth												
Name														
Father's/Husband's Name Mr.														
Mother's Maiden Name Ms.														
(This Information is required for caller's identification	on)													
For Organisation/Corporate Applicants only														
Name of the Organisation														
Name of the Authorised Signatory														
Designation of the Authorised Signatory														
Type of Organisation Partnership	OPropriety OF	Private Limited Public Limited												
Complete address of location where connection	on is to be provided/has been provided													
Complete address of location where connection is to be provided/has been provided Type of Accomodation Owned Rented/Lease Company Provided Government Provided														
House No./Flat No./Shop No.	Plot No./Kl	ihasra No.												
Portion Floor	Street Name													
Area/Location														
Pin Phone No.		Mobile												
Landmark														
E-mail														
Name of Premises (if any)														
Complete billing address (where bill is to be se	ent/is being sent)													
	different, please specify below													
House No./Flat No./Shop No.		hasra No												
Portion Floor	Street Name													
Area/Location														
Pin Phone No.		Mobile												
Landmark														
E-mail														
Permanent Address / Registered Office Address	1 7/													
	ame as billing address	nt, please specify below												
House No./Flat No./Shop No.	Plot No./K	(hasra No.												
Portion Floor	Street Name													
Area/Location		City												
Pin Phone No.		Mobile												
Landmark														
E-mail														



Please fill the form in CAPITAL LETTERS (please ✓on the appropriate box)

MM outrope
Proprietor/Landlord Address (in case of Organisation/Tenant) :
Name
House No./Flat No./Shop No.
Portion
Area/Location
Pin
Landmark
B. GENERAL PARTICULARS
Type of Establishment
Desired Category O Domestic O Non-Domestic O Industrial O Agricultural O Others
Desired load (KW)
Meter Type
PAN number (if available)
GIR/Identification/Voter ID Card number (if available)
On videntinication voter in Card number (ii available)
C. PARTICULARS OF TEMPORARY CONNECTION
Purpose
In case of temporary connection of regular supply construction K.No. of the Guarantor
Name of Guarantor Mr./Ms. Proposed Duration Proposed Duration
Guarantor Phone No. Mobile Mobile
*Guarantor Applicable only in case of temporary connection
"I son/daughter/wife of
resident of
hereby declare that I am consumer of TPDDL having KNO.
to pay outstanding amount which may remain unpaid against the Temporary connection
applied by Sh
vide this application."
Date Guarantor's Signature
D. PARTICULARS OF CHARGES / DEPOSITS
Consumption Deposit (Rs.)
Development Charges (Rs.)
Reconnection Charges (Rs.) Others (Rs.)
Total Amount (Rs.) Total Amount in words Rupees
E. PAYMENT PARTICULARS
Cash Receipt No./DD/Cheque No. Date
Bank
Branch
Credit Card - I here by authorise to debit my Visa
Card No.
Total Amount in words Rupees
Signature as on the Card





1				son/da	ugh	ter/v	vife																				nt of
which term shall mean and include ex	ecutors, admi	nistrato	rs, hei	rs, succ	ess	ors a	nd as	ssig	ın")	do he	,								. `								icant" 1956
having its registered office at																											
(hereinafter referred to as ("Ap swear and declare as under							•							•								an	nd as	sigi	าร), (do h	ereby
That the Applicant is a lawful occupan That the Applicant has requested TI Application form.																						ourp	oose	me	ntior	ned	in the
That in furnishing the Declaration, the every right to disconnect supply to the																			ct at	any	late	rsta	age,	TPE	DDL	shall	have
That the Applicant hereby agrees and To indemnify TPDDL against all	undertakes:					-					-								a fre	sh s	ervio	~ C	onn	ectio	on di	ven	to the
Applicant. 2. That all the electrical work done														•		•											
TPDDL against any loss accrue	to the applica	ant on t	nis acc	ount.				•							•												•
 That the wiring within its/their protection that the lift installed (if application clearance certificate (if application). 	le) has been	inspec	ted & d	certified	by	the I	Lift In	spe	ecto	r and	d all t	fire sa	afet	y no	rms l	nave	be	en c	omp	olied	with	in a	and	the	nece	ssa	ry fire
damages and expenses that TP If the wiring in Applicant's premise												ition c	of the	e me	eter. T	ata	Pow	er D	elhi	i Dist	tribut	ion	Lim	ted	(TPI	DDL) shall
have right of refusal of connection 4. To pay the electricity consumption	n at its sole di	scretio	n and A	pplican	tsh	all ke	ерТ	PDI	DLi	nden	nnifie	d aga	ins	tany	loss	es, c	lain	and	da	mag	es a	risir	ng oi	ıt of	this	efus	sal.
be in force from time to time, regTo pay any sum which may be for										ilities	pers	sonall	y as	wel	ll as b	y me	eans	s of n	าดง	able	and	imn	nova	ble	prop	ertie	es.
6. To abide by all norms & rules laid7. That every charge of electricity/s																										CCUI	nier of
the premises/land shall be reco mentioned above, TPDDL shall	verable from	ne as a																									
(I) transfer the said dues to any oth			n (s) e	xisting i	n m	y naı	ne ar	nd r	eco	ver tl	ne sa	ıme fr	om	the	respe	ectiv	e co	nsur	npt	ion c	depos	sit t	ende	ered	aga	inst	those
service connections: and /or (II) disconnect the electricity conne																											
[*The said any other sum would 8. That, I shall not provide any un																			ny c	outst	andii	ng (dues	or	sum	s du	e and
payable to TPDDL exist. In case resulting in transfer of the outsta																											
Act, Rules, Regulations in force 9. That I shall comply with the oblice	at that time inc	luding	discon	nection	of r	ny el	ectric	ity (coni	necti	on						·			·		•					
consumer's name, transfer of ex	isting connec	tion to le	egal he	eirs/othe	ers t	o fac	ilitate	reg	gula	rupd	latior	of th	e re	cord	ofTI	PDD	Lpe	ertair	ing	to R	egist	tere	ed co	nsu	mer	S.	•
 That I shall not hold TPDDL res party and TPDDL shall be at libe 	rty to provide s	service	conne	ction to	the	said	third	oart	ty or	n an a	applio	cation	bei	ing n	nade	in th	at re	egaro	d.								
 I/We shall not indulge in any act applicable laws, rules, regulation 																											
premises shall be completed by above stated rules, regulations	me/us. I auth	norize T	PDDL	to disc	onn	ect t	he su	ppl	y wi	thou	t noti	ce if a	any	frau	duler	nt fa	ct, fo	orge	d do	cun	nents	s/no	on co	mp	lianc	e wi	th the
due to such aforesaid act.				-											-				•			-					
That TPDDL shall be at liberty in the event of termination of th																		nsur	npti	ion [Оеро	sit	paid	by 1	the A	ppli	cant
 To be responsible for safe cust attributable to Applicant, the sa 	ody of Meters	. CTs C	ables	etc. pro	vid	ed by	/ TPE	DL	an	d in d	case,	there	e is	any	dam	age	to th										noot
Abstraction of energy shall be t	o the account	of App	licant	as per t	he (extar	nt rule	e of	TP	DDL.						reak	age	01 8	ear	S 01	mete	15	eic.	lle	CI/DI	SHO	nest
14. To allow clear and unencumber15. That the Applicant would let TP																ult, r	non-	com	plia	nce	of St	tatu	itory	pro	visio	ns a	ınd in
the event of a legally binding d	rective by Sta	tutory /																									
getting its payments on the dat 16. The TPDDL shall not be held re	sponsible for	any in																									
 I hereby undertake to install Ea whereof, shall be construed as 																											ire
absolute right to refuse installa	ion of the me	ter app	lied for	r, till the	tim	ne EL	.CB h	as	bee	n ins	stalle	d by ı	ne.														
18. I declare that the height of the premise is less than 15 meters		nises w	here I	am see	kın	g ne	w cor	ine	ctioi	n in c	comp	llance	e to	the	build	ing	by-la	aws	and	l the	heig	ht c	of th	e sa	ıld bı	ııldır	ng /
19. All the above declaration given	by the Applic	ant sha	ll be c	onstrue	d to	be a	an Ag	ree	eme	nt be	twee	n TP	DDI	L an	d the	App	olica	nt.									
	Name																										
	Name/Se	al of C	rganiz	zation																	\perp						
Affix	(in case of	organ	izatio	n/corpo	rat	е ар	plica	nts	onl	y)																	
Recent	Dated																										
Passport Size Photograph	0:	D - II				- e · · ·	:41																				
	Signed and	Delive	erea in	preser	ice	OT W	ıtnne	SS							F	Plea	se s	ign	with	ı in l	oox l	oelo	WC				
Witness Name						Γ;	Signa	atur	re								Г	Date	,	ı	ı	١	l		ı	ı	ı
	1 1 1			1 1	1	1	ı	1		I	1	1	1	1	1	1	<u> </u>	1		<u>_</u>			<u> </u>	 	 	_	
Address	1 1 1	<u> </u>		1 1				_			<u> </u>		Cit	_		+	<u> </u>	_		<u></u>	<u></u>	<u> </u>	<u></u>	<u> </u>	+	_	+





1. AREA MAP/LOCATION MAP

Print required for MMG	res ONo				(TRY TO SHOW	PREMISE IN RES	PECT TO NEAREST LANDMARK)
2. PREMISE PLAN							
		2.1 Pl	_OT				
	Premise						
1. Write Plot no. of Premise in the 2. Write adjacent Plot no./k.nos. as	shaded area sapplicable						
2.:	2 FLOOR				2.3 POR	TION	
(Write Floor in the shaded area and strike off not applicable)				Back	Left Right		Front Please ✓ as applicable
3. FSE OBSERVATIONS							





(Please ✓ on the appropriate box)

FIELD SERVICE EXECUTIVE'S CHECK LIST

Zone				Distr	ict			
a. Applicable Tarit	ff Category							
Opomestic		Opefense		10:	Staff (S1	1/S2/S3)	Farm Hou	se
OTPDDL Building		O Non-Domestic		. -		ment Hospital	Place of V	Vorkship
OIndustrial		Franchise		. 	DMRC 1	•	Railway T	•
Agriculture		Mushroom Cultivati	on		Domesti	ic CGHS	○ Non-Dome	estic NDLT-I
b. Adjoining K. No. a	and Meter No. (A	djoining means when the	wall is touching	g or pa	artition I	but not across the road.)		
Description		K.No.	Meter N	lo.		K.No.		Meter No.
Same Premises	1				2			
Left of Premises	1				2			
Right of Premises	1				2			
c. Area								
Electrified		Unelectrified						
d. Type of Meters		1						
Single Phase		Three Phase Whole	Current	01	hree Pl	hase CT operated		
e. Connection thro		1		l <u>-</u>				
Bus Bar Connect		Overhead Service L	ine	101	Indergr	ound Service Line		
f. In case of Bus I	Dai Connection	1	Bus Bar No.					
g. Connection from	m Feeder Pillar		Dus Dai IVU.					
Feeder Pillar No.	iii ccaci i iilai	Distance						
	m Pole No. & D		W & above dis	stance	e from r	nearest HT Pole to be ta	ıken)	
Pole No.		Distance						
i. Industrial Conn	ections	1						
Declared Industrial A	Area	○ Yes ○ No						
Type of Operations		O Continuous	Intermittent	O s	easonal	No. of shifts		
j. Proposed Loca	tion of Meter In							
Is the area adequate	guate & good for	installation? O Yes	○ No	2	Is the a	approach to Location OK?	Yes	○No
3. Is the height be		O Yes	○ No	=		pility of Natural Light?	Yes	○ No
5. Is Building heig		O Yes	O No			ork augmentation required	≓	○No
		meter, please specify		<u> </u>				
a) Make of Me	eter				b) N	Meter Rating		
•		's Test Certificate				5.5 J		
		resently in use at subje	ct premise					
OYes		s specify K. No.	т		П	Meter No.		
M. Type of Construc	,	<u> </u>	Reconstruct	ted				
N. Separate Dwellin	ng Unit Ye	S ONo.						
Declaration : I confirm	that all the facts	& statements noted above.	including dues s	stateme	ent are	correct & to the best of know	vledge & has bee	en checked by me
personally. In case an	y of the above sta	tement is found to be mala	fied/mispresente	ed, I an	n liable	to be proceeded with section	n 138 & under cr	iminal PC and
appropriate action car	n be proceeded as	s per law of land.						
(Signature of Executiv	re)		(Name	of Exe	cutive)		I	Date





(Please ✓ on the appropriate box)

LIST OF DOCUMENTS ATTACHED

S.No.	Document De		intion	No. Of She	ets		Verified from	m Originals
S.INO.	Document De	SCI	iption	Enclosed			FSE	Appraisal Desk
1.								
2.								
3.								
4.								
5.								
6.								
APPF	LAISAL SHEET TO BE USED BY API	PR	AISAL DESK OF BACK OFFICE	 E				
1.	Completed Application-cum-declaration	Fo	orm	($\overline{}$	Yes	O No	
2.	Submitted Proof of Occupancy			(Yes	○ No	
3.	Electrical Contractor Certificate for Inte	rna	l Wiring	(Yes	○ No	
4.	Field Service Executive Check List			(Yes	○ No	
	Scheme Preparation Required			(Yes	○ No	
	(In case the Scheme required, date of inti to concerned Zone/District/Projects)	mat	lon					
6.	No-Dues Clearance			(Yes	○ No	
7.	Cheque Clearance for Fees if paid thro	ugh	n cheques	(Yes	○ No	
	Recommended for New Connection/Att (In case of No. Please specify the reasons)		ute Change	(Yes	○ No	
	FSE Signature & Date		Appraisal Desk Signature &	Date			Арр	roved By
	Employee Code		Employee Code				Emplo	oyee Code
Note	s:							





INSTALLATION TEST NOTICE

Form																													
Wiring Contracto	or																												
A.I.S No																													
K. No																													
To,																													
TATA POWER DE	ELHI DISTR	IBUTI	ON LI	MITE	ΕD																								
Dear Sir,																													
We hereby inforr	m you that	Electr	ical in	stall	ation a	at the	pre	emise	es b	earin	g no	o																	
Situated on										Ro	oad/	Stree	et oc	cupi	ed	by													
has been comple	eted by us	and is	ready	y for	your e	engin	eer	to te	est a	and co	onne	ect u	p wi	th yo	ur r	nains.	The	inst	allat	ion	was	s tes	ted	by ι	us o	n_			
										_ and	the	e inst	allat	ion re	esis	tance	was								_ m	nega	aohn	ıs. T	he
Installation comp	orises the fo	ollowir	ng:																										
No. of circuits	0:	,		Lam	ps		F	ans				lugs				ugs	Τ		Othe		Т	D	om	estic		Г		otal.	_
left to right on Distribution	Size o			Г.		 	_			ļ	\top	amp			15 T	amp	+		olian		+				_	-		otal <w< td=""><td></td></w<>	
			No.	⊢'	Natt	No).	Wa	att	No.	╀	Wat	tt	No.	╀	Watt	+	Des	cript	ions	;		Wa	att	_	⊢			
Circuit NO. 1				<u> </u>		_	+			_	+				L		+				\perp					┞			
Circuit NO. 2				_			4				퇶						1				4					L			
Circuit NO. 3																													
Circuit NO. 4							T										Τ												
Circuit NO. 5							T										\top				T					Г			_
Circuit NO. 6							$^{+}$				†						+				+					\vdash			_
			\vdash			+	+			+	+				\vdash		+				+		Tot			\vdash			
evice (ELCB) has cceptance letter i					•			on Lii	mite	ed																			
Signature of Co	ncerned O	ffices																							_				
1. Licensed wiri	ing Contrac	ctor								Li	icen	ise N	lo.							Da	te					L			
Address																													1
											С	City										Pi	in						
Signature of Lic			ntract	or																									
2. Licensed wiri	ing Forema	an								Li	icen	ise N	lo.							Da	te			\Box				Ш	
Address				\perp																					L		\perp		
				\perp							С	City										Pi	in		L		\perp		
Signature of Lic	cancad wiri	na Ec	romor				-																						
		1 1	I I	<u>'</u>	1 1]								Г			1			ı		ı f						
Applicant's Name				丄												S/o, W/	o or	D/o						Ш	L	_	\perp	Ш	
							_																						
	Signature o	of Ann	licant	—			+												\vdash	Dat				1 '	ı	ı	ı		





S. No.				Points	i				Ansv	vers					
1.	Is the size of co	nductors in e	ach circuit co	rrect?											
2.	Is the number of	of points show	n in the test r	eport correct	?										
3.	Whether the wi	res passing th	rough the wa	Ils protected	with pipes or	not?									
4.	Are all points m	ade through p	proper junctio	n boxes?											
5.	Are the sizes of	cut-outs and	switches use	d correct?											
6.	Is the place of i	nstallation sar	me as the giv	en overleaf?											
7.	Are the joints in	the earth wir	e, if any, in th	e consumer i	nstallation sat	isfactory?									
8.	Have you exam	ined every pa	art of the insta	Illation or wer	e some rooms	s opened for yo	our inspection?								
9.	What is the gen	eral condition	of workmans	ship?											
10.	Insulation test r	esult by Mego	ger:												
	a. Across the lir	ne wire													
	b. Between the line wire and the earth wire Is the workmanship of the service line satisfactory? If no, what are the defects?														
11.															
12.	by the consumer efficient and satisfactory?														
13.	+														
	Act, 2003 and can this be joined with supply mains?														
Licensed	icensed Wiring Contractor's No. Licensed Foreman's No.														
							—								
Ref. No.			K. N	D.			DT No.								
Particula	articulars of the meter installed														
	Meter No.	Amp	Volt	Туре	MF	AC single/three phase	Installation & Connection Date	Initial Reading	Final Reading	Date of Seal Fixing & Condition					
New															
Old															
				l	<u> </u>			1							
Purpos	e for which conne	ection is used	for												
	Signature of	Inspector		Signa	ture of TPDDL	Representativ	e	Signature	of Comercial	Officer					
Name o	of TPDDL inspect	or				+	+	+							
Designa	ation of TPDDL Re	presentative													
Not- :															
Note : Final rea	ading require in c	ase of meter	replacement	only.											
	formation is to b		-	-	dina office mu	ust ensure this.									

