



**ELECTRICITY DEPARTMENT
GOVERNMENT OF PUDUCHERRY**

For Office Use only	Name of Division		Division	I	II/Y	III/M	IV	V/K	IX	Registration Number											
	Name of Sub-Division									Date of Receipt		/		/							
										Application Number											
										Date of Receipt		/		/							

APPLICATION FORM FOR NEW LT SERVICE CONNECTION

Note: Applicants /Transferee are requested to fill the form clearly and legibly and sign with date before submitting to the department. Please strike out words or clauses which are not applicable.

The Assistant Executive Engineer/The Assistant Engineer

Electricity Department,
Puducherry

Sir,

I/we intend to avail low tension supply / change in name, for the purpose as detailed below. Accordingly, an application in the prescribed format is submitted for scrutiny and sanction of the power supply.

Category of Electricity Usage (Tick as applicable)	1	Domestic		6	Enhancement of Load		(Affix recent passport size photograph and sign across)
	2	Commercial		7	Reduction of Load		
	3	Industrial		8	Change of Category		
	4	Agriculture		9	Reconnection		
	5	Change of Name*		10	Temporary		

Demand Details/Connected Load - Statement of Connected Load to be enclosed in a separate sheet -Refer Supply Code	To be expressed in KW for domestic & commercial and in HP for Industrial (1HP =0.746 KW)	KW/HP/KVA
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1	Name of the Applicant / Transferee in case of Name Change	First Name		Middle Name			
2	Father's / Husband's Name	Surname					
3	Occupation/Designation						
4	Address where supply /change of name is required						
	Flat Name/Building Name						
	Street /Village Name						
	Land Mark						
	City			Pin Code			
	Phone Number	Land Line	4	1	3	Mobile No.	9
	e-mail Address						

5	Permanent Address				
	Phone Number			Pin Code	
	Mobile Number	9	1		

6	Office Address				
	Phone Number			Pin Code	
	Mobile Number	9	1		

7	Self Attested copy of any one document Attached (Please tick)	Passport	Aadhar Card
		Driving License	Ration Card
		Photo Identity Card	
		Election I.D	
		Pan card	

8	Proof of Ownership Self Attested copy of any one document Attached (please tick) or Proof of Occupancy Self Attested copy of any one document Attached (Please tick)	Registered sale Deed	Registered Partition Deed
		Registered partnership Deed	Allotment Order
		Registered Sucessionship Certificate	Land Revenue /Tax receipt
		Legal Heir certificate	
		Registered will	
		Registered power of Attorney	Ration Card
		Latest Rent Receipt	Voter Identity
		Lease Deed	Aadhar Identity Card
	Rent Agreement	Deed of Indemnity	
9	In case of tenant, permission of landlord with proof of ownership of premises along with landlord's full name & address be attached. In case the owner is not available or if the owner refuses to give consent, I agree to pay twice the normal amount of security deposit and also to execute a Deed of Indemnity in favour of the Department.		
10	In case of partnership firm, partnership deed and authorization 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 copies of the registration of the society to be attached.(Pl. Tick)		
13	In case of Agriculture services Ground Water Clearance Certificate from the competent Authority to be enclosed		
14	Existing Policy No. for reconecton/extension/ reduction of load or change of name:		
15	Name of the Transferer, in case of Change of Name		
16	Details of any other existing connection in the name of applicant at any other premises in Puducherry. #	16 (a) Category	
		16 (b)Service connection Number	
		16 (c)Address	
17	Details of any other service connection, in the same premises, if any. #	17 (a) Category	
		17 (b)Service Connection Number	
		17 (c)Address	
18	Details of any other disconnected electricity connection in the name of applicant/transferee anywhere in UT of Puducherry #	18(a)Date of Disconnection	
		18(b)Category	
		18(c)Service Connection No.	
		18(d)Address	
19	The wiring carried out / certified by the following Licensed Electrical Contractor		
	Name		
	Address		
	Phone Number	Land Line	Mobile Number
	E-mail ID		
	Issuing authority		
	License Number		
20	Mention your option to procure your own meter (yes/No)		
21	Mention your option to carryout line extension work by yourself (yes/no)		
22	Installation Test Report attached (Yes/No)		
	Billing & Collection		
23	Do you prefer to receive copy of your bill/payment reminder/important message through SMS/ e-mail ?		
24	If yes mention the e-mail address and mobile number at Sr. No. 4		
25	Preferred mode of despatch of bills by ordinary post or registered post /courier (cost to be borne by the consumer)		
26	In case of Registered post/courier, whether necessary written request has been made.		
	* I the case of change of name the application shall be submitted jointly by the Transferer and the Transferee with all the above details. In case the Transferer is not available the appliaction shall be submitted by the Transferee		
	# In case of multiple services the details may be furnished in a separate sheet.		
	Declaration & Undertaking		
	I /we have read and agreed to the notices/conditions above and make following declaration/undertaking.		
	a)	I / we agree to abide by the provisions of Electricity Act 2003 and Joint Electricity Regulatory Commission (JERC) (Electricity Supply code) Regulations 2010, and other conditions of supply made from time to time	

	b)	I/we agree to pay for the supply of electricity based on the prevailing tariff rates of Puducherry Electricity Department.	
	c)	I /we agree to pay for all other charges as become due in accordance with the above regulations and approved schedule of charges of Electricity Department.	
	d)	I / we agree to deposit such security as Puducherry Electricity Department, may be entitled to request from me under the above act and regulations.	
	e)	In case of any fraudulent document submitted by me/us . I /we agree that I shall be solely and exclusively responsible for the criminal proceedings or any court proceedings initiatedand that the Electricity Department and any employee thereof, shall not be responsible for the same.	
	f)	I/we 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 prior notice and all charges deposited by me/us be fortified.	
27	Details of Application fees paid		Amount Paid Rs. Receipt No and Date :

Date

Signature of Applicant/Transferee
Name:

Signature of Transferor in case of change of Name

For and on behalf of PED,Puducherry

Signature of Load sanctioning Authority

Dated
Office seal

(To be signed after release of load)

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

Name
Dated
(To be signed after release of load)

In case of domestic and non domestic LT consumers,the application form itself shall be treated as agreement

Guidelines For Prospective Consumers Regarding Processing of the Case for Release of LT Electricity Connection

- | | |
|----|---|
| 1 | The applicant shall contact the O/o The JE/ O&M/AE/O&M to obtain an application and agreement form. The form can also be downloaded from website of the department. |
| 2 | The application forms shall be submitted in duplicate either at the O/o the AE O&M or at the Customer Care Centre |
| 3 | The Receipt of the application forms will be duly Acknowledged |
| 5 | Registration No. shall be allotted at the time of receipt of application processing charges. Application No. shall be allotted after deposit of security amount and agreement finalization. |
| 6 | The Applicant shall keep the original receipt(s) with him/ her |
| 7 | Demand Notice shall be issued as per the clause of 3.7 of Electricity Supply Code Regulations 2010 notified by JERC |
| 8 | The license can ask for the original documents from the applicant, if required for verification. |
| 9 | In case of all LT connections the application form itself shall be treated as agreement. |
| 10 | The applicant shall furnish test report issued by licensed electrical wiring contractor, after completion of installation giving full details of load/ machinery. |
| 11 | Facility regarding "receiving copy of bill/ payment reminder/ important messages through email/SMS" and services of Customer Care Centre shall be available after the implementation of R-APDRP Scheme. |
| 12 | In case of change of name, applicant shall clear all outstanding arrears against the service connection for which change of name is sought before the change of name is effected. |
| 13 | No new service will be released unless all outstanding dues in the name of the applicant in any other services, if any, are cleared |



ELECTRICITY DEPARTMENT
GOVERNEMENT OF PUDUCHERRY

(for office use only)

Registration No.	
Dated	

Application Number																				
Dated																				

	Name of the Applicant																		
	Father's/Husband's Name																		
	Address																		
	Purpose of Application (Please tick)	New Connection		Enhancement of Load		Change of Name													

PAYMENT OF ESTIMATED CHARGES

Accept on behalf of the Electricity Department for connected load of _____ KW at _____ voltage level under _____ category connection.

Cashier to accept charges on account of the following.

Sl.No.	Item	Amount (Rs.)
1	Security/Advanced Consumption Deposit	
2	Meter Security (if applicable)	
3	Meter Installation Charges (if applicable)	
4	Meter testing fee (if applicable)	
5	Applicable Service connection charges as per JERC Regulation/order	
6	Reconnection Charges	
7	Any other items	
	Total	

strike out whichever is not applicable

Signature of Bill collector	Signature of Assistant	Signature of Billing Inspector

Signature of JAO

Received Rs. _____ (Rupees. _____)

vide Receipt No. _____ Dated _____ against the application registration Number

_____ dated _____ Name _____

Designation _____ Signature _____

**AUTHORIZATION FOR CONNECTION
(FOR OFFICE USE ONLY)**

Accept and Sanctioned on behalf of the Electricity Department for a connected load of _____ Kw at _____ Voltage for _____ category Connection.

Dated _____

The following Charges, documents and equipments for release of connection as per site verification be accepted.

(A) Charges

Sl.No.	Item	Amount (Rs.)
1	Security/Advanced Consumption Deposit	
2	Meter Security (if applicable)	
3	Meter Installation Charges (if applicable)	
4	Meter testing fee (if applicable)	
5	Applicable Service connection charges as per JERC Regulation/order	
6	Reconnection Charges	
7	Any other items	
	Total	

*strike out whichever is not applicable

(B) Documents & Equipments

- i) Test report
- ii) Energy Meter (if applicable)

Assistant Executive Engineer/Assistant Engineer

Received Rs. _____ (Rupees. _____) vide Receipt No. _____

Dated _____

Name _____ Designation _____ Signature _____

Received documents & equipments _____

Name _____ Designation _____ Signature _____

The Account Number allotted to applicant is _____

The Service Connection Order number is _____

Name _____ Signature _____ Date _____



ELECTRICITY DEPARTMENT
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Registration No.									
Dated									

To be filled up Revenue Account section	Name of the Applicant																		
	Father's/Husband's Name																		
	Address																		
	Purpose of Application (Please tick)	New Connection		Enhancement of Load		Change of Name													

A.1 Commercial Feasibility

A.1.1. Certified that submitted documents by the applicant are checked and found to be in order as per JERC Supply code Regulation 2010.

A.1.2 Details of Electricity Meters existing in the premises as per the ledger.

Sl.No.	Meter Number	Type of Meter (Electronic/Electro-Mech)	Single/Three Phase	Sanctioned Load (Kw)	Whether Current account or permanent disconnected	Defaulting Amount, If any (Rs.)
1						
2						
3						
4						
5						
6						
7						

A.1.3 Certified that no defaulting amount is pending against the premise in question. Accordingly, application for electricity connection is recommended please.

Signature of Bill collector	Signature of Assistant	Signature of Billing Inspector

A.1.4 Above details have been checked and found in order.

Signature of AEE/AE

OR

A.1.5 Application has been checked and following documents are not attached/not in order by the applicant.

a	
b	
c	
d	

Accordingly, application for release of connection is not recommended

Signature of Bill collector	Signature of Assistant	Signature of Billing Inspector

Above shortcomings have been checked and found in order

Signature of AEE/AE

Registration No.																				
Dated																				

To be filled up Revenue Account section	Name of the Applicant																		
	Father's/Husband's Name																		
	Address																		
	Purpose of Application (Please tick)	New Connection		Enhancement of Load		Change of Name													

A.2 Technical Feasibility

A.2.1 Certified that I have personally verified the premises of the prospective consumers at his site on which the supply is required.

A.2.2 Site Plan/Condition is as per under

A.2.3 Details of Electricity Meters already existing in the premise:-

Sl.No.	Meter Number	Type of Meter (Electronic/Electro-Mech)	Single/Three Phase	Sanctioned Load (Kw)	Feeding to which floor
1					
2					
3					
4					
5					
6					
7					

A.2.3 Condition of Distribution system through which above load will be fed:-

Name of 22/11KV feeder		
Location /Name of Distribution Transformer		
Rating of Transformer		KVA
Loading condition of Transformer during last summer (Amps)	R-Phase	
	Y-Phase	
	B-Phase	
Size of L.T Conductor/Cable		

A.2.4 Is there any Commercial activity running at the premise in question (Yes/No)

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If, yes, the nature/type of commercial activity. Electricity Service Number/Meter Number					
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	GOVERNEMENT OF PUDUCHERRY

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Processing Fee Payment and Registration Details

To be filled up Revenue Account section	Name of the Applicant																												
	Father's/Husband's Name																												
	Address																												
	Purpose of Application (Please tick)	New Connection	Enhancement of Load	Change of Name																									

Cashier Please accept processing fee of Rs. _____ /-against the application of above cited applicant

DD/Cash Receipt No.		Date of Payment	
Name of Bank		Amount Paid (Rs.)	
Registration Details			
Date of Receipt of application		Date of Registration	
		Registration Number	

Signature of Assistant	Signature of Billing Inspector



ELECTRICITY DEPARTMENT
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1 Name of Consumer

2

Address

3 Policy Number (for existing connection)

4 Electrical equipments proposed to be put in 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)

Items	Load per item(watts)	Numbers	Total Load (Watts)
Bulb	As per actual rating		
Tube light 4' (Fluorescent)	40		
Tube light 2'(Fluorescent)	20		
Fan	60		
Tape-recorder/Music System	25		
Television Colour	100		
Television Black & White	60		
Mixie	60		
Refrigerator	200 or actual		
Cooler	201 or actual		
Heater (for cooking and bathing)	1000		
Washing Machine	750 or as actual		
Geysers	1500/2000 or as actual		
Microwave Oven 2000	2000		
Air conditioner (1 ton/1.5 ton/ 2ton)	1500/2000/2250		
Split Air-conditioner 1.5 ton	2250		
Computer	100		
Printer	150		
Water lifting pump set	375 or actual		
Spare plu point			
a)5 Amps	100		
b) 15 Amp	1000		
Other on Actual			
Total			

Note:-

- 1/3rd of total unused plugs in case of domestics and general purpose supply and 50% (half) of the plug points of the commercial category shall be counted for computing connected load.
- Any other item of load not included above shall be taken as per manufactures rating
- Fraction of load in KW shall be taken as next higher whole number for the purpose of billing or as otherwise provided in the tariff order.

Signature of the Consumer

Date

Place: