

FORM-1

Net Metering/Bi-directional Metering Connection Application

To
The Section Officer/Designated Officer
Distribution Licensee
[Name of office]

Date:

I / we herewith apply for a solar energy net-metering/ bi-directional metering connection at the service connection for the Rooftop Solar PV Project of which details are given below;

1	Name of applicant	
2	Address of applicant	
3	Service connection number	
4	Telephone number(s)	
5	Email ID	
6	Rooftop Solar PV Project capacity (Watts)	
7	Solar PV Project inverter make and type	
8	Solar PV Project inverter has automatic isolation protection (Y/N)?	
9	Has a Solar Generation Meter been installed(Y/N)?	
10	Expected date of commissioning of solar PV Project	
11	Concerned safety requirement fulfilled (Y/N)	

DECLARATION

I do hereby declare that the information furnished above is true to my knowledge and belief.

Signature with Name:

Address: