

EASTERN POWER DISTRIBUTION COMPANY OF A.P. LIMITED

(a) Section No. Dt.
 (b) W.O. No. Dt.

TEST REPORT

PART 'A'

(To be filled in by Section Officer)

S.C.No.
 Distribution.....
 DTR Structure Code.....
 Feeder Code.....
 Pole No.

1. i) Name of the Consumer and Full Address :
 (Full Surname & name in Block Letters)
- ii) Father's Name in Block Letters
- iii) In case the consumer is not owner of the premises specify owner's Name and address in full
- iv) If so, whether the indemnity bond obtained (Original to be enclosed)
2. Nature of Premises to which supply relates
3. Particulars of premises of which supply released

Plot No. / Door No.	S.F. No.	Street	Town/Village/Ward	Mandal	District

4. Permanent address of the consumer

Plot No. / Door No.	Street	Town/Village/Ward	Mandal	District

5. Other S.C. No./Distribution in the name of the above consumer. (Full details to be furnished)
 - i) Whether the service now released is for a new premises or to an old premises to a new consumer (Specify the SC No./Cat. of any available already under disconnection)
 - ii) Reasons for conversion of Category, if recommended
6. Particulars of connected load

Sl. No.	Description of lighting / power appliances	Wattage	Total Wattage

6-b) Particulars of Capacitor fixed for motive load of >3 HP and for LT Industrial Loads

Make	Serial No.	KVAR rating

7. Particulars of Meter

Make	S.L. No.	Phase	Capacity	Connected CT Ratio	MF	Initial reading

8. Particulars of seal fixed to the meter

Location	No. of seals	Impression of seal	Type of seal	Sl. No. of seal
a) Meter Cover				
b) Terminal Cover				
c) Meter Box				

WESTERN POWER DISTRIBUTION COMPANY LTD.		TEST REPORT																					
SC No.	Despatch No.	SC No.	Despatch No.																				
9.	Tariff applicable (Specify the Category)	: Rs.	Monthly Minimum / Annual Minimum																				
10.	Security Deposit	: Rs.	D.D. No. PCB No.																				
PART - A		& Date																					
11.	Agreement position (Despatch No. Agreement Regd. Item No. etc.)	To be filled in by Section Officer Post, H.O.																					
12.	(a) Connected Load (b) Contracted Load (as per the sanctioned estimate)	(in words) Name of the Consumer and PCB No.																					
13.	Tariff guarantee (a) Special AMG	: Rs.	Fee/Charge per kWh																				
14.	Date of Commencement of supply / Inspection (a) Date of expiry of 03 months notice (for power service) (b) Whether the UCM Charges were paid before releasing the services, if applicable (furnish PCB No. and date. D.D.No. etc./ Receipt No. of the E.R.O. when payment is made at ERO	per HP for in case of the consumer whose name and address is not owner of the meter																					
		Years																					
<p>I am a witness to the above particulars and signature was put in my presence</p> <table border="1"> <tr> <td>Door No.</td> <td>Street</td> <td>City</td> <td>State</td> <td>Pin No.</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>				Door No.	Street	City	State	Pin No.															
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1.	WITNESS :	Signature of the Consumer																					
2.	WITNESS :	Addl. Asst. Engineer / Asst. Engineer / Operation																					
<p>Line Inspector</p> <table border="1"> <tr> <td>Door No.</td> <td>Street</td> <td>City</td> <td>State</td> <td>Pin No.</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>				Door No.	Street	City	State	Pin No.															
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PART - 'B'																							
1.	Security Deposit Registers																						
2.	Agreement Register																						
3.	AMG Calender																						
4.	Consumer Ledger																						
<p>Billing Superintendent</p> <table border="1"> <tr> <td>Door No.</td> <td>Street</td> <td>City</td> <td>State</td> <td>Pin No.</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>		Door No.	Street	City	State	Pin No.						<p>Asst. Accounts Officer Electricity Revenue Officer</p> <table border="1"> <tr> <td>Door No.</td> <td>Street</td> <td>City</td> <td>State</td> <td>Pin No.</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>		Door No.	Street	City	State	Pin No.					
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<p>Note : (a) No column should be left unfilled. (b) S.F.No. Should invariably be recorded for all the agricultural services to link up the services with the agreement</p>																							
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