



FORM-S1

(Application form for Roof-top solar PV)

WEST BENGAL STATE ELECTRICITY DISTRIBUTION COMPANY
LIMITED. (IVRS Number: 1800-345-5221 Website:
<https://www.wbsedcl.in>)
(To be submitted toDIVISION)

Application Date	:	
Consumer Id	:	
Mobile Number	:	
Email Id (Optional)	:	
Aadhar No (optional)	:	
Installed Capacity of the proposed rooftop solar plant (in KWp)	:	

Consumer category for Net-metering : (Please tick the applicable category)

- € Hospital/Health centre run by Govt./Private/Private charitable Organisation
- € Schools/academic institutions run by Govt/Private/Govt. aided
- € Govt. offices/organisations
- € Local bodies- Municipalities/Panchayats
- € Housing complex
- € Commercial/Industrial organisations and any institutions registered under any statute

Declaration : I am agreed to bear the cost of phase conversion/ alteration of service if required.

Place.....

Signature of the Applicant