FORM S1

(Application form for connectivity of Solar PV generating system under net metering/ net billing arrangement)

WEST BENGAL STATE ELECTRICITY DISTRIBUTION COMPANY LIMITED. (IVRS Number: 1800-345-5221

Website: https://www.wbsedcl.in)

Name of The Office Application Number:	•••••	(Same as consumer connection)
Consumer Id	:	
Application Date	:	
Name of Applicant	:	
Address	:	
	:	
	:	
Mobile No.	:	
Email Id (mandatory)		
Aadhar No (optional)		
Consumer Class	:	
Phase	:	
Contractual Load (in KW) (>= 1KW)	:	
Installed Capacity of the proposed Solar Plant (in KWp)	:	
Billing Type (#)	:	(Net-Metering/Net-Billing)
Generation Meter	:	(Self-Owned / Purchase from WBSEDCL)
Installation Testing required by WBSEDCL	:	(Yes/No)

Declaration: I agree to bear the cost of alteration of Service if required.

Place	Signature of the Applicant
(#) (1) Net metering: (a) All consumer ex	xcept Agriculture Consumer having contractual
load unto 5 KM	I

(b) All agriculture consumers.

(2) Net Billing: All consumer having contractual load above 5 KW Except Agriculture Consumer.