



**MANIPUR STATE POWER DISTRIBUTION COMPANY LIMITED**

**APPLICATION AND AGREEMENT FORM - LOW TENSION SERVICE CONNECTION**

**(Please Strike off the item that is not applicable)**

To,  
Managing Director  
Manipur State Power Distribution Company Ltd.

THREE RECENT  
PASSPORT SIZE  
PHOTOGRAPH DULY  
ATTESTED BY  
GAZETTED OFFICER

**Requisition for:**

- (a) New Connection.
- (b) Temporary Connection from ..... to .....
- (c) Existing Connection. Consumer No. (for existing consumers only) : .....
- (I) Enhancement of Load/ Contract Demand (II) Reduction of Load/Contract Demand
- (III) Shifting. (IV) Change in Name
- (V) Change in Category of Consumer (VI) Others (to specify)

Sir,  
I/We request you to supply electricity to my / our premises ( new / temporary / existing Connection for change as mentioned above). The requisite information is furnished below :

- 1. **Name of the Applicant :** .....  
(in Block letters)  
(Please enclose a copy of self attested : Passport / Pan card / Driving Licence / Photo Identity card / Voter's Identity card).
  - 2. Individual / Govt. Deptt. / Other Organisation / Undertaking : .....
  - 3. (a) Name of father / husband (in case of individual): .....
  - (b) Name of Department / Organisation / Undertaking : .....
  - (with Designation of Applicant if applicable)
  - 4. (a) Address of the premises where a new connection is hereby applied for / the existing connection is proposed to be shifted: .....
  - (b) Full address for correspondence and sending bills: .....
  - (Please enclose a copy of Driving licence / Telephone bill / Mobile bill / Water bill / Voters Identity card).
  - House No./ Plot No : .....
  - (a copy of the Patta No / no objection certificate from the owner of the land whichever is applicable is to furnished).
  - Road: .....
  - Lane: .....
  - Area / colony : .....
  - Town: .....
  - District: .....
  - PIN: .....
  - Telephone No: .....
  - E-Mail: .....
- 5. (a) Built-up area of the premises .....sq. meter.
  - (b) Height of the Building: .....
- 6. Purpose / Category of Supply: .....

7. Proposed Connected Load:  
 (a) For Domestic, Commercial and general purpose Supply: ..... Watts  
 (Please fill-up and attach format Annexure- A- for determination of connected load)  
 (b) For other categories please fill up the following (attach duly signed separate list if required).

Item	Load per item (KW)	No.	Total load (KW)

8. Distance from the nearest distribution mains to the expected point of connection: .....  
 ( The above information provided by the consumer will only be treated as indicative. During feasibility study the Licensee will determine the point of distribution mains and the route through which the cable/ service connection will be drawn.
9. Any electricity dues outstanding in Licensee’s area of operation in consumer’s Name : .....  
**Yes/ No.** (If ‘yes’, Amount of outstanding dues.) (If ‘No’, please enclose certificate by the Manager concerned).
10. Any electricity dues outstanding for the premises for which connection applied for; .....  
**Yes / No.** (If ‘yes’, Amount of outstanding dues.) (If ‘No’, please enclose certificate by the Manager concerned).  
 (For serials 9 & 10 if the answer is ‘YES’ in any case please provide details).
11. Internal Electrical Installation (I.E.I) Test Report /Certificate by authorized Electrical Contractor or Electrical Supervisor : (please enclose certificate).

12. I / We hereby declare that the information provide in this application is true to my knowledge.

I / We have read the JERC (M&M) Electricity Supply Code and Connected Matter’s regulations and agree to abide by the conditions mentioned therein.

I / We agree to deposit an amount as security deposit for load and also for meter (if applicable) before the connection is provided to me and also additional amounts from time to time as, may be due from me, against demand raised by the licensee, within specified time.

I / We shall deposit electricity dues, every month, as per the applicable Electricity Tariff and other charges.

I / We shall owe the responsibility of security and safety of the Meter, Cut-Out and other supplier’s apparatus within my / our premises / the installation.

Date :

Signature of the Consumer(s) /  
 Authorized Signature.

Check List:

- |  |                                |
|--|--------------------------------|
| 1. Proof of Identity (Sl.No-1)   | 2. Proof of Address (Sl.No-4b) |
| 3. Address for correspondence.   | 4. 3 Photos (duly attested)    |
| 5. Duly filled / Signed assessed connected load format (Sl.No.-7)              |                                |
| 6. Certificate for No- Outstanding Dues in case of existing consumer (Sl.No.9) |                                |
| 7. Certificate for No-Outstanding Dues for premises (Sl.No.-10)                |                                |
| 8. I.E.I Certificate (Sl.No.- 11)  |                                |



**Determination of Connected Load**

1. Name of the Consumer : .....
2. Address: .....
3. Consumer Number (for existing connections) : .....
4. Consumer Category : .....
5. Electrical equipments proposed to be put to 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 )*

Item	Load per item (Watts)	No.	Total Load (Watts)
(1)	(2)	(3)	(4=2X3)
Bulb as per actual rating			
Tube light (Fluorescent)	40		
Fan	600		
Tape-recorder/ Music system	25		
Television Colour	100		
Television Black & White	60		
Mixie	60		
Refrigerator	200 Or actual		
Cooler	200 or actual		
Heater (for cooking and water heating)	1000		
Electric iron	750		
Washing machine	750 or at actual		
Geyser	1500/2000 or at actual		
Microwave Oven 2000	2000		
Air Conditioner (1 ton/1.5 ton/ 2.0 ton)	1500/2000/2250		
Split Air Conditioner 1.5 ton	2250		
Computer	100		
Printer	150		
Water lifting Pump set	375 or actual		
Inverter to be used in case of power failure for own use	Nil		
Spare plug points (a) 5 Amp.	100 W		
Spare plug points (b) 15 Amp	1000 W		
Others – on Actual			
		Total	

Note :

- (a) 1/3<sup>rd</sup> of the 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.
- (b) Defective appliances like cooler, freeze, T.V., Iron, Oven, etc. which are not connected and not working shall not be taken into account.
- (c) In some domestic connections Geyser, Room Heater and Air- conditioner (without heater) are installed. The load of Geyser (s) and Room Heater (s) shall be accounted for billing for the month of December, January & February and the load of Air- conditioner (s) (without heater) shall be taken into account for the month of April to September. The load of Air-conditioner(s) with heater(s) shall be accounted as connected load for full year.
- (d) Any other item of load not included above shall be taken as per manufacturers' rating.
- (e) 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.
- (f) Assessed load may be upto 105% of the approved connected load.

Signature of the Consumer  
 Date : .....  
 Place: .....

Signature of the licensee's representative  
 Date: .....  
 Place: .....



(Stamp)

**AGREEMENT FORM - LOW TENSION / HIGH TENSION SERVICE CONNECTION**  
(Not to be filled up by consumers while submitting the application)

1. Name of Consumer: .....
2. Voltage of supply: .....
3. Single or three phase: .....
4. Category of supply and tariff: .....
5. Connected load: .....
6. Contract demand: .....
7. Ownership of meter: .....
8. Point of commencement of supply: .....
9. Extension / Service Connection work will be done by licensee / consumer (deleted which is not applicable).
10. I/ We agree to the recovery of the cost of Licensee's equipment (including cost of meter) if there is intentional / artificial breakage / damage, after due verification by the authorized assessee of Department.
11. Any other matter: .....

In witness thereof ..... (Name and designation of Licensee's authorized Executive) acting for and behalf of the Distribution licensee and ..... (Consumer) have hereunto set their hands and seal on this ..... day of the month of ..... of the year .....

(1) On behalf of licensee

(2) Consumer  
Name and address

Signature

Seal

Place

(3) Owner of the Patta land

Witness

- 1.
- 2.
- 3.