

# Installation Test Report

(To be filled in by Government Licensed Electrical Contractor)

Application No.: \_\_\_\_\_ Application Type:  New  Load alteration  Shifting  Reconnection

Service No.: \_\_\_\_\_ Date: \_\_\_\_\_

Consumer's Name: \_\_\_\_\_ Mobile No.: \_\_\_\_\_

Installation carried out at (Address): \_\_\_\_\_

Wiring Contractor's Name & Address: \_\_\_\_\_

Wiring Contractor's Mobile No.: \_\_\_\_\_

## Details of Installation (Please fill in all the details)

Single phase  Three phase

### Purpose

Load					<input type="checkbox"/> Residential _____
Lighting Load				KW	<input type="checkbox"/> Commercial _____
MP Load				HP (Details on reverse)	<input type="checkbox"/> Industrial _____
Total Load (Details on reverse)				KW	<input type="checkbox"/> Others _____
	Make	Size	Sensitivity (Milli Amps)	Serial No.	INSULATION TEST
E.L.C.B.					Lighting MΩ
Capacitor			—		Motive MΩ
					Others MΩ
					Phase to Earth
					R-E
					Y-E
					B-E
					Between Phase
					R-Y
					Y-B
					B-R
					Neutral to Earth

This installation as per details given is tested by me and is complete in all respects and conforms to the regulations, in the Measures relating to Safety and Electric Supply Regulations, 2010 and any amendments thereof notified by Central Electricity Authority.

Authorised Electrical Contractor's Stamp & Signature	Authorised Electrical Supervisor's Stamp & Signature
Permit No.:	Permit No.:

I/We have read the relevant regulation framed under Electricity Act 2003 and agree to abide by them.  
I/We will own the responsibility of security and safety of meter, cut-out / MCB and installation thereafter.

Consumer's Name & Signature: \_\_\_\_\_

