

GOVERNMENT OF GOA, DAMAN AND DIU
ELECTRICITY DEPARTMENT

To,

Wiring Contractor's Completion and Test Report

The Assistant Engineer (Electrical)/ The Junior Engineer (Electrical)/ The Supervisor (Electrical) Electricity Department.

Government of Goa, Daman and Diu,

------(Local Office)

I/We wish to inform you that the installment at-----
.....occupied

Completed by me/us in all respects and is now ready for test.

I/We enclose herewith in duplicate the detailed wiring diagram for this installation, along with description of the Wiring*: The details of the installation and test obtained are as follows:

Nature of demand				Insulation		Remarks-re: No. Of distribution Boards, Starters, Iron Clad Switches, etc.
				Resistance		
				To Earth	Between Poles	
LIGHTING						
Linghts						
a) Drops						
b) Braclets						
c) Watertights						
d) Othe Fititngs						
Fans						
Wall Plugs						
DOMESTIC APPLIANCES						
Cookers						
Refrigerators						
Water Heaters						
Other Purposes						
Wall Plugs						
MOTERS	Nos.	B.H.P. each	Total B.H.P.			
Industrial						
Pumps						
Other Purposes						
MOTERS	Nos.	B.H.P. each	Total B.H.P.			
Industrial						
Pumps						
Other Purposes						

*Size of wire stranding Single or multi-core type of insulation ,open teak wood casing and capping /conduit wiring size of conduit etc, adopted should be given under description.

The wiring diagram and description of the wiring should be signed by the wiring contractor

The installation was tested by me /us on _____200 _____in accordance with I.E.Rules, 1956(as amended up to date)

Customer's Signature

Address-----

Supervisor's Signature

Certificate No.....
Address...

Wiring Contractor's Signature

License No.....
Address.....

THIS SIDE FOR USE OF ELECTRICITY DEPARTMENT ONLY

Application No.
 Load Sanction
 No. of outlets
 Type of premises.....
 Total No. of points/motors.....
 Total connected load.....
 Load connected on phase (watts)
 ...
 A..... B..... C.....

Tariff Applicable.....
 Security Deposit Rs.....
 Service charges Rs.....
 Installation No.....
 Date of Connection.....
 Service/Tapping
 Telephone crossing
 From pole No.....
 Service distance.....

Place
 Receipt No.... Date.....
 Receipt No.... Date.....

Distribution Transformer KVA----

Location.....
 Peak hour load (Amps)
 R..... y..... B.....
 Meter: Owner: Department/Consumer
 Type and Make.....
 Capacity
 Initial reading.....
 St. No. of Mater.....
 St. No. of Meter seal (MRT).....

Service line Material	Quantity
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1. Conductor
2. Cable.....
3.
4.
5.
6.
7.

TO BE ATTESTED BY DEPARTMENT AND BY CONSUMER

General:

Meter cover sealed on.....Seal No

Meter Box Sealed on.....Seal No.....

Does installation comply with wiring Rules.....

Are any defects noticed?

Rotation of Meter checked O. K.....

Test:

Between Phased M.....

Phase to Earth

Neutral to Earth.....

Certified that the installation was tested and found in order:
 Meter Inspector/Jr. Eng. O & M.....-
 In charge

Consumer's Signature

State whether Residence Shop, Office, Restaurant, Cinema, Theatre Hospital, Religious Educational, Factory (described) Agricultural Pumping, Other Pumping (described), cottage industry (describe).

WARNING

NO CONNECTION CAN BE RELEASED WITHOUT FILLING THIS PROFORMA

Expd sanction No. & date.....Bradma NO ..

Tech Sanction No. & date.....

Consumer's personal Ledger prepared on.....

Signature (Clerk)

.....Signature (Clerk) Book No..... Page No.....

Dated.....

Billing incharge

Checkd & Passed for
 Releasing connection

Junior Engineer

ASSISTANT ENGINEER