

Format A

Application for NOC for Inter-state short term open access
(For consumers and traders)

Ref. No.:

Date:

Email for communication:

1. **Name of Trader :**
2. **Name of Consumer:**
3. **Discom Name:**
4. HT SC. No:
5. Contracted Max Demand:
(Enclose copy of the CMD sanctioned / Latest cc bill)
6. Connecting Sub-station name:
7. Connecting Sub Station Voltage:
8. Feeder name:
9. Feeder Voltage:
10. Feeder type: Dedicated/Express/Mixed:
11. Non refundable on line fee paid particulars: UTR/NEFT No. Date:
Name of Remitter
12. NO Dues certificate from concern Discom enclosed: Yes/No
(If yes: Enclose no dues certificate from Discom in Format B)
13. Last NOC sanction No. and Date:
14. Notarized UI undertaking enclosed: Yes/No
15. Notarized RPPO undertaking enclosed: Yes/No

16. Meter Details :

	Main Meter	Check Meter	Stand by meter
Sl. No.			
Meter Class of accuracy:			
CTs class of accuracy:			
PTs class of accuracy:			
EBC compatibility issued : Yes/No			

17. Details of open access request:

Month/Date	Duration (From – To)	Open Access Power required in MW

Declaration

I(Name) declare that details mentioned above are true to the best of my knowledge and belief and if any information furnished above is found to be incorrect at any time, the NOC issued will be liable for cancellation in addition to any other action liable under relevant Act and Rules.

Date:

Signature of applicant

Discom Remarks:

(Discom has to verify the above details submitted by applicant and furnish their remarks and also enclose No dues certificate in the Format B):

Date:

Signature of Discom

Authorized person

Format B
No Dues Certificate by Discom

It is to certify that there are no dues pending, as on today, against the applicant whose details are given below.

OR

It is to certify that as on today Rs. are pending as dues against the applicant whose details are given below.

Details of Dues:

1. UI Dues: (Give bill wise dues details)
2. Discom Dues: (Give bill wise dues details)

Applicant Details:

1. **Name of applicant:**
2. **Discom Name:**
3. **HT SC No.:**

Date:
person

Signature of Discom Authorized