



NO. \_\_\_\_\_

**WORK COMPLETION AND TEST REPORT**

Sr. No \_\_\_\_\_

Name of the Applicant/Consumer \_\_\_\_\_

Address 1: \_\_\_\_\_

Address 2: \_\_\_\_\_

Address 3: \_\_\_\_\_

Address 4: \_\_\_\_\_

Date:- \_\_\_\_\_

Reference No. \_\_\_\_\_

Account No. \_\_\_\_\_

Tapping/Existing Meter No. \_\_\_\_\_

We hereby certify that the electrical installation work at the the premises and for the party mentioned above has been carried out by us in full conformity with the Indian Electricity Rules 1956, and the conditions of supply. The particulars of the installation and insulation test results obtained by us are given below. (In case the form is filled up in respect of work of repairing and/ or testing of an existing installation, the above paragraph should specially be modified accordingly.)

Lighting \_\_\_\_\_

Power \_\_\_\_\_

Class of Premises \_\_\_\_\_

Between Phase \_\_\_\_\_

Megaohm \_\_\_\_\_ Megaohm \_\_\_\_\_

Residential \_\_\_\_\_

Industrial \_\_\_\_\_

Phase To Earth \_\_\_\_\_

Megaohm \_\_\_\_\_ Megaohm \_\_\_\_\_

Commercial \_\_\_\_\_

Others \_\_\_\_\_

**A) New Meter & Extension of Load**

Load	Existing Load any			New Load Requirement			Total Wattage (1+2)
	No. of points	Wattage(1)	Voltage	No. of points	Wattage(1)	Voltage	
Lights							
Fans							
Call bell							
AC							
Refrigerator							
Heater/Geyser							
Iron							
Plug							
Water Pump							
Lift							
Others							
1							
2							
3							
4							
5							
Total							

Note: Please attach separate sheet, if necessary

Meter No. \_\_\_\_\_

Account No \_\_\_\_\_

**B) Shifting of Meter/Reconnection**

Area of the premise where Installation carried out \_\_\_\_\_ sq.m


Height of the Building is less/more than 15m. PWD Clearance certificate required/ not required.

It is certified that Electrical Contractors License and class-I license of the supervisor have been renewed up to date and are in force today.

Electrical Contractor

Class-1 Supervisor

License No. \_\_\_\_\_

License No. \_\_\_\_\_

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

Signature \_\_\_\_\_

Signature \_\_\_\_\_

Date:

Inspection Of installation \_\_\_\_\_ between \_\_\_\_\_ and \_\_\_\_\_ L.E.C. advised on \_\_\_\_\_ date:

Meter Size: Lighting \_\_\_\_\_

Power Clearance of arrears from recovery/vigilance department is required / received  
 Meter No. \_\_\_\_\_ to be removed

New Service <input type="checkbox"/>	Extn Of Load <input type="checkbox"/>	Tapping <input type="checkbox"/>	Subdivision of Load <input type="checkbox"/>	Shifting <input type="checkbox"/>	Temporary <input type="checkbox"/>
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