

2623

NEW CONSUMER APPLICATION FORM

☐ I am interested to apply for basic electricity connection at my residence
 (Please tick only one of the options below)



Personal Details

*First Name(s)

*Last Name(s)

*Mobile No.

*E-mail

*Address

Shikhar Singh
 Tanya Kharbali
 872436210
 0910673584

Address Details

*Household/Commercial

*District

*State

*City/Town/Village

*Nearest Post Office

*Pin Code

*Area of Possession

*Utility Meter No.

*Household/Commercial

*District

*State

*City/Town/Village

*Nearest Post Office

*Pin Code

*Area of Possession

*Utility Meter No.

New Consumer Type Details

*Consumer Type: *Residential/Commercial/Industrial/Institutional

*Category

*Estimated Load (kW)

*Type of Service

*Remarks

*Residential/Commercial/Industrial/Institutional

*House

*Estimated Load (kW)

*Domestic

*Type of Service

*Remarks

Other Details

*Meter Location

*Meter No.

*Phase

*Meter Size (kW)

*Estimated Load (kW)

*Estimated Load (kW)

*Estimated Load (kW)

*Estimated Load (kW)

List of Documents to be attached

- *Pass Book
- *Voter's Photo Proof
- *Identity Proof
- *Telephone Bill
- *Ration Card
- *Aadhar Card
- *Aadhar Card of Mother

Date of Submission

That on the part of the limited owner shall be given to the contractor
schedulers for the proposed termination and giving him opportunity to state his case and
statement, if any, duly considered before the agreement is terminated and the supply of electricity
cut off.

7) That the terms and conditions of this Agreement shall be effective from the date supply of
electricity is commenced

IN WITNESS WHEREOF the parties hereto have set their hands and seals the date,
month and year first above written

S. P. S. S. S.
The Committee

S. P. S. S. S.
Per and on behalf of the Board

Witnesses :-

1. Signature :

Name :

Address :

1. Signature :

Name :

Address :

Page No. _____

Roll No. _____

Page No. _____

Write the name of the person who has submitted the report of the project.

SHIDALIN PYNKROPE

(Do not write blank between name & surname)

Page No. _____

NAME

(Address)

Only through this form you can get your signature verified and export to your email box.

1.3 - If all test have been carried out, fill in the following:

Name of the Load	Rating of each item	Group - 1		Group - 2		Group - 3		Total Watt of all 3 groups
1. Light Points (i) Fluorescent (ii) Incandescent (iii) CFL (iv) Halogen (v) Other/LED	7 W	6 W	5 W					
2. Fan Points								
3. Plug Points (3-ph) (i) Electric (ii) Heating	100 W 1000 W	5 W 1 W	50 W 1000 W					
4. Electrical appliances (i) Water Heater (ii) Refrigerator (iii) Air Conditioner (iv) Other								
5. Welding Transformer								
6. Motor								
Total			1554 W					
In case of load enhancement Existing load (watt)								
Total load to be provided (watt)			2 kW					

Notes:-

(i) The load to be used by the student should be approved by the project supervisor.

(ii) Rating of capacitor used in Induction Motor and Welding Transformer (Test report of capacitor is to be submitted)

EVAS

Case 1, Cpp1

1. Voltage of the supply 230 V

2. Frequency of the supply

3. Name of the student

0 6 0 2 2 5

No. of Time	Name of the student	Signature of the student and the Instructor/Supervisor Date: / /
A. Plot the graph of Resistance vs. Frequency of the supply.	110 Hz	
B. Plot the graph of Inductance vs. Frequency of the supply.	10.7 Hz	
C. Plot the graph of Capacitance vs. Frequency of the supply.	3 Hz	
D. Plot the graph of Impedance vs. Frequency of the supply.	0.7 (11-230V) 0.1 (0.1V)	

4. Name of the student who has done the experiment

060225

Full
B. L. Laxman
Electrical Engineer
Regd. No. 1012
10/1/2019
10/1/2019

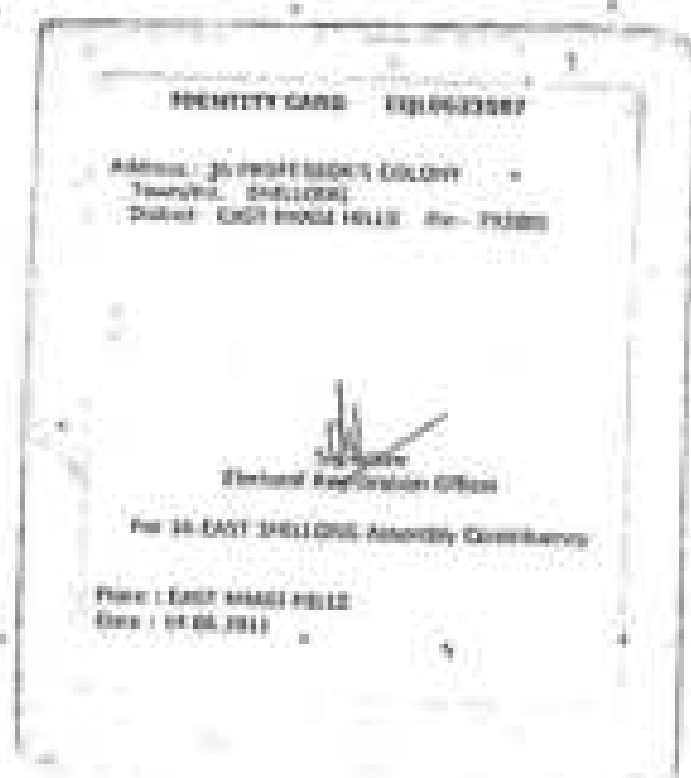
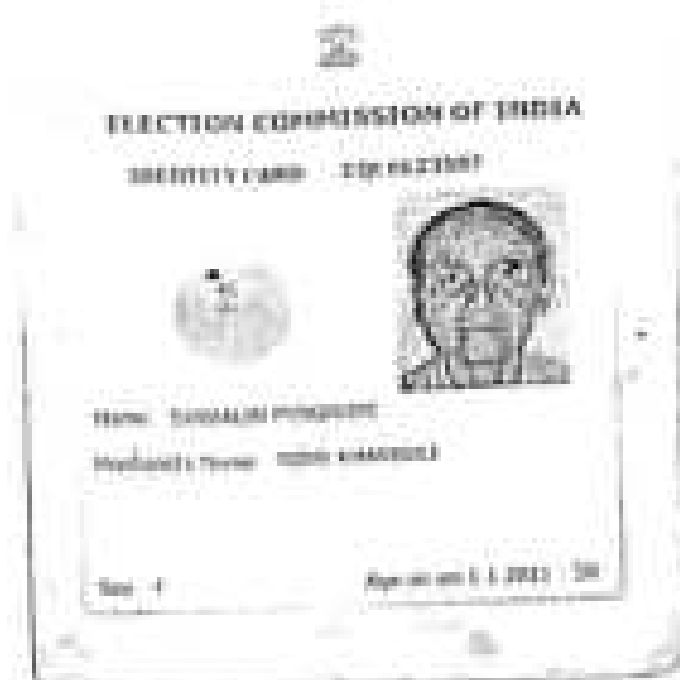
5. Full Name with signature of the student

6. Full Name with signature of the student

060225

VII. Signature of the student and the instructor who tested
the installation of the circuit

8. Date of completion of supply to the institution



RA NOT PYTHIEM KITYNDEW
 MONGAR SHONGTAW MAWREHAI BAIH MAWREHAI MYLLIEM SYICHSIHP

Maaw Mangfah Shongtaw, had ka haw kham jong ka Shongtaw pyawdoh, had pyawdoh ka haw ka haw
 Mangfah Shongtaw Shongtaw kham ka haw ka haw ka haw ka haw ka haw ka haw ka haw ka haw
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(MYPUSAWDONG)

HEATE	1	Chap ka haw ka haw	70 ft
SHINGA	1	Chap ka haw ka haw	119 ft
SHATHIE	1	Chap ka haw ka haw	87 ft
SEYNGE	1	Chap ka haw ka haw	110 ft

Shadalia Pyawpaw

TRAI ANKA

Shadalia Pyawpaw

MAITE :

111 Within Kham. 
 112 113

114 115 116
 (all under) 117


 Secretary Shongtaw
 Shadalia


 Secretary Shongtaw
 Shadalia

OFFICE OF THE DORBAR SHNONG MAWKHAN



RAID MAWLUH : MYLLEM SYEMSHIP

Ph - 781111

FAX - 781111

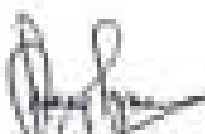
UNDER RULE 16 (1) OF THE ADMINISTRATION OF MYLLEM SYEMSHIP RULES 2018 OF THE SHAN STATE
AUTONOMOUS DISTRICT (APPOINTMENT AND DECESSION OF OTHER DEPUTY SYEM-ELECTING AND
STANDARD SYEMING OF MYLLEM SYEMSHIP ACT 2007)

Sl. 654/AS

Date of Issuance
10/01/2025

NO OBJECTION CERTIFICATE

ka "jingsymshintha ba ka kut Shidatien pyngnape ka
dei ka wongthang ba phra jang ka shnong mawkhan
baed di deu ka ung ba jang ka mawkhan ka shnong
pat deu light connection. Shwata na ka liang jang
i, ba kut ban apply in ka light connection na
ka ephe MOET Union di shai. Shwata na ka
liang ka Dorbar Shnong kang deu shan shan ka
jyngar na pyngnape na shatui ka pyng apply light
connection jang ka.


District Secretary
Mawluh Pyngnape
Myllem Syemship
H. H. H. H. H.


District Secretary
Mawluh Pyngnape
Myllem Syemship
H. H. H. H. H.