APPLICATION FORM FOR PROVIDING LT. SERVICE CONNECTION (FOR ALL CATEGORY AND FOR ALL PURPOSE)

То		The Area Manager/Asstt. Exe Service Connection Sub-Divis MeECL (unlike) (Indicate the local area of the						
Sir,	1. l.	/We hereby request you to s nore fully described below. I,	upply electricity to the p /We are the owner/law	oremises located at the address ful occupier of the premises.				
	by	We agree to abide by the te / MeECL and to make all pay arges as may become due.	erms and condition rela ments as may be requi	ting to the supply of electricity red and also to pay regularly all				
	3. a)	Full name and address	of the applicant with co	ontact telephone number				
Veterinary AJJ; Stant Central Hutchery Cum Poulty, Lun b) Status intendition of the bremises Owner								
	b)) Status in Alation de prémises Owner						
		/ /	Occu					
	c)	Location and address of the premises including Police Station.						
	d)	Nature of LT. supply:	Comercial	Domestic				
			Industrial	General Purpose				
			WSLT .	PL				
			Agriculture	KJ				
				Applicant's Signature				

The following documents are tobe enclosed:

- 1) Test Report from Licensed contractor.
- 2) Agreement Form duly filled in.
- 3) Proof of ownership (in case applicant is owner).
- 4) Number of nearest Electric Pole.
- 5) *NOC of the owner of the premises (in case the application is an occupier).
- 6) Attested copy of permission obtained from Pollution Controll Board
- 7) Building permission from the concerned authority.

MeSEB Scheduled Form 7

MEGHALAYA POWER DISTRIBUTION CORPORATION LIMITED.

TEST REPORT

This is to certify that repair	ired/renewe			ectric inst		at the pre	mises of	:-
Full name :-	7					T - T		
WETER IN	Gase leave o	ne block be	5 5	T 5	T A	NT		
(Address)				1. u · · · · · · · · · · · · · · · · · ·			2	
(ENTRAL	HA	TZ	HE	RY	2	o n		o u
Is duly completed tested an I The Load has been arran	nd ready for nged as foll	your Engows :	ineer to t					
	Phase-1		Phase-2		Phase-3		Total Watt o	
Details of Load Of e		No of Pts	Total	No of Pts	Total	No of Pts	Total	all 3 phase
1. LIGHT POINTS		1 65	,				- 1	1
i) Fluoroscent							; .	
ii) Incandescent				:				
ii) CFE LED 9W	10	90					=	
v) Halogen								
) Others								
FAN POINTS								
PLUG POINTS 3PIN				,				
6 Amps	100	200		- 1				
16 Amps	1000	1000					-	
ELECTRICAL GADGETS) .				-		
Water heater			- 	•		, " =, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1,		,
Refrigerator	THE STATE OF THE S							7.2
) Others	K.		-					
WELDING TRANSFORMER	T. A	,		, , , , , , , , , , , , , , , , , , ,				
MOTOR	1290							
TAL LOAD .	•		<u>l</u> i					
ase if Load enhancement existing watts)		**						

Note:

al Load in the premises

⁽a) A details of any apparatus (Other than the above mention) should be given

⁽b) Rating of Capacitor used in Induction Motor and Welding transformer (Test report of Capacitor is to be enclosed)

II. Type of Wiring:	ny in Sx	Sten)			i.		
II. Type of Wiring:	ly 230 V. D) anial	11					
No. of the Control of								
IV. Test Result :- D.K.		0)	0 4	20	2	~		
Date of testing by licens	sed contractor:	Date	Month		ear	1		
Type of Test	Result of Test carri Licensed Contr	Result of Test carried out by the Supplier under relevant I.E.Rule						
a. Insulation resistance	(In MΩ) Ω		$(\operatorname{In} M\Omega) \Omega$					
system of conductor	26 m 3							
b. Insulation resistance between all conductor c. Earth continuity between	27Ms	7				- 1		
continuity conductor	Phose.	Page 1						
d. Polarity of non-linked SP switches						** 11 8	, a	
V. Full name with signature of Licensed Contractor:								
	LIC No:	G	ovt. Registe	fawlong \ Fred Control				
VI. Full name with signature of supervisor: (with date)								
LIC No: Supervisor Reg. No. 1099						+		
VII. Full name with signature of	Full name with signature of wireman:						, 	
	Permit No.:	1	hangkhie'					
For Office used only				9.4				
VIII. Signature of the Authorised	d Official who tested t	he installati	ion behalf	of supplie	r			
	Signature							

Date of Connection of supply to the installation:

IX.

To,

The Assistant Executive Engineer

MePDCL, Umsning Sub distribution.

Ri Bhoi District.

(Through the Manager , Central Hatchery cum Poultry Farm, Umsning)

Subject: Application for new electric connection for the Quarter.

Sir,

With due respect to the subject cited above ,I would like to request you to kindly connect the new meter to my Government Quarter ,as the previous meter was disconnected .In this regard kindly issue me 2 KV meter for new connection to my Quarter.

This is for your kind information and necessary action.

Enclosed: Noc

Forwarded

Marian

2115 25

2115 25

Cura Poultry Form

Tomash Hatches y Cura Poultry Form

Yours Faithfully, B. Damblorg Baiadonryngkat Damblong

(Veterinary Assistant)

Central Hatchery cum Poultry

Farm ,Umsning.



GOVERNMENT OF MEGHALAYA OFFICE OF THE MANAGER CENTRAL HATCHERY CUM POULTRY FARMERIBHOI UMSNING.



Memo No. CHPF:3/2025-26/ /6.8

Email chof umming @g

Dt. Umsning, the 21" May, 2025

No Objection Certificate

This is to Certify that Miss. Baiadonryngkat Damblong is working as a Veterinary Assistant, in the Office of the Manager, Central Hatchery cum Poultry Farm, Ribhoi, Umsning and she have occupied a Government Quarter, and the Office have No objection for electricity connection from MeECL.

Central Hatchery Cum Poultry Farm, Ribhoi, Umsning