

Joint Inspection Report

CERTIFICATE

(To be furnished by SNA/PSU/Channel Partner)

This is to certify that Shri..... (Name & designation) of..... (Organization) visited the Nos. of plant sites on (date)... and found that the grid connected rooftop systems as per list enclosed have been installed in the respective sites. The system has been completed and commissioned in all respect. It was found working properly to the satisfaction of the user/ beneficiary. The latest Photograph of the system installed in the site with date is enclosed with the certificate.

Name of the Beneficiary/org:

Capacity installed:____KWp

Address:

Date of commissioning:

Signature Name & Designation of Authorized Signatory* of SNA/PSU/Channel Partner with Official Seal	Signature Name & Designation of Authorized Signatory* of monitoring agency with Official Seal	Signature Name & Designation of Authorized beneficiary/user with Official Seal if any

Place:

Date:

*Authorized signatory should be at least in the rank of General Manager of SNA/PSU or MD/ CEO/ Director in case of Channel Partner.

Project Completion report for Solar Power Plants under Net Metering Scheme

S.No.	Component	Observation
1	Name and address of the beneficiary with mobile No and Email Id	
2	Site location with complete address	
	Longitude : Latitude :	
3	Name of Systems Integrator/supplier	
4	Capacity of system installed(Kwp)	
5	Specification of SPV Modules	
	Types of modules(Multi/Mono)	
	Make of modules and year of manufacturing	
	Wattage and no of modules	
	SI No of modules	
	IEC Certificate date of issue, Agency, validity, enclose IEC certificates	
	Whether imported or indigenous	
	RFID tag is pasted inside or out side	
	Type of RFID	
6	PCU	
	Make and rating type of charge controller/MPPT	
	Capacity in inv and year of manufacturing	
	Whether Hybrid or stand alone	
	Whether indigenous or imported	
	Enclose test certificate as per MNRE requirement	
7	Batteries (Where ever applicable)	
	Make of modules and year of manufacturing	
	Type : Tubular Lead acid/VRLA/GEL	
	Rating and No's	
	No of series and parallel combination	
	Enclosed test certificate as per MNRE requirement	
	Depth of discharge proposed	

8	Structures (As per MNRE)	
9	Whether system grouting	
10	Cable make and size	
	Enclose certificates rating	
11	Distribution box	
	Name	
	Make	
	Certificate	
12	Earthing and protections	
	Lighting arrester(type)	
13	Power Bill (after installation of net meter) for two month period	
14	Date of handing over of the system	
15	Date of Commissioning	
16	Name and technical person trained to maintain system with mob no.	

Declaration

It is certify that all the components/Subsystems and materials including junction boxes, cables, distribution boards, switches, circuit breakers used as per MNRE requirement as per DPR submitted

Signature of Customer

Signature of supplier

Signature of the

NREDCAP official

Date:

Place:

PART – B (By the Customer)

Format for Statement of Expenditure (SOE)

(On the letterhead of Auditor)

Name of the State	
Implementing Agency	
Name of the Project	
Sanction no. & Date	
CFA sanctioned	
CFA released	

Details about completed project

S.no.	Name of the Customer	Type of the system installed	Capacity (kWp/No.)	Location	Total Expenditure Incurred	MNRE share (Rs.)	User share (Rs.)
TOTAL							

Breakup of the CFA

S.no	Item	Cost (Rs.)
1.	CFA @ 30% for the capacity 50 KWp SPV Grid Connected Power Project	
2.	Service charges	
3.	Total eligible CFA	
4.	CFA released	
5.	Interest earned on released CFA	
6.	Total funds available (in case of advance release)	
7.	Balance amount to be released by MNRE/unspent amount to be returned to MNRE	

*Please find the enclosure for arriving expenditure

(Chartered Accountant)
Reg. No.

DECLARATION

This is to certify that M/s_____ has installed _____ KWp Grid connected Solar Rooftop PV system as per MNRE specifications on our building (name & address) the system is working satisfactorily. Hence I request you to release the eligible central and State Subsidy to M/s_____ (System Integrator) or _____ (beneficiary name)

Dt:

Signature:

NAME:

Address:

Witness:

1.

2.

Attested by

District Manager / NREDCAP /