

Work Completion Certificate and Test Result

(To be filled by Licensed Electrical Contractor)

1. Name of Consumer:.....
2. Father/ husband's Name:.....
3. Address:.....
4. Voltage & System of Supply:Volt..... Phase.....
5. Details of Load:

Description	220\230 V						400/440 V		HT/EHT	
	Phase 1		Phase 2		Phase3		No.	Total Load	No.	Total Load
	No.	Total Watt	No.	Total Watt	NO.	Total Watt				
1. Light Points										
2. Fan Points										
3. Plug Points										
4. Motors										
5. Other Equipments										
TOTAL										

6. Total Connected Load in KW:
7. Total Current in Amp:
8. Results of Resistance Test by L.E.C.

Description	Phase 1		Phase 2		Phase 3	
Between Phase & Earth						
Between Neutral & Earth						
Between Phases						

Verification Certificate by Licensed Contractor

I / We.....Licensed Electrical Contractor, License No....., having verified the following, certify that:

1. The above mentioned installation work has been by me.
2. The Resistance Test of the above installation has been done by me/ my supervisor.
3. The installation work has been done as per provisions of The Indian Electricity Rules 1956 and I.S.I.
4. The above work has been done the following staff:

Name of Wireman..... Permit No..... Date of validity.....

Signature

Name of Supervisor..... Certificate No..... Date of validity.....

Signature

Name of Apprentice.....

Signature

Name of the firm of the Electrical Contractor: License No Class.....

Date of validity.....

Signature

Declaration by the consumer

I certify that I have complied with all the provisions of the Indian Electricity Rules 1956 and the Supply Code of the Licensee. Capacity of Main Fuse is not more thanAmp. Any change in installation shall be done after approval of the Licensee.

Date.....

Name & signature of consumer

Test Report by the Licensee's Representative

Result of Resistance Test:

Between Phase 1 & Earth..... Between Phase 2 & Earth.... Between Phase 3 & Earth...
Between Phase 1 & 2..... Between Phase 2 & 3..... Between Phase 3 & 1.....

Shortcomings found in Installation, if any, and action taken to remove it:

1.
2.
3.

Date:

Signature, name and designation of inspector of Licensee

Certificate of the Directorate of Electrical Safety

Results of Inspection:

(Enclose details)

Date of Inspection.....

Signature, name and designation of Inspecting Officer