

Customer Name:

Date:

Customer Organisation Name:

Contact Person & Mobile No:

DG Location with Full Address:

Local Contact Person & Mobile No:

Kindly fill the following Diesel Generator Details

S No	Particulars	Details	Remarks
1	Make and Model		
2	Rating (KVA)		
3	Placement/Erection of DG set (Tick appropriate)	<input type="checkbox"/> Open Sky <input type="checkbox"/> Inside Concrete Building	
4	Is DG provided with Canopy? (Tick appropriate)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
5	Is Control Panel available inside the DG? (Tick appropriate)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
6	Make and Model of Controller		
	Battery Ratings	_____ Volt _____ Amperes	
8	Battery Make and Model		
9	Available Strong GSM Network (Eg: Airtel, Vodafone, Idea etc.)		

Kindly fill the following Fuel Tank Details

S No	Particulars	Details	Remarks
1	Fuel Tank Type (Tick appropriate)	<input type="checkbox"/> Bed Tank <input type="checkbox"/> Day Tank <input type="checkbox"/> Underground Tank	
2	Fuel Tank Shape (Tick appropriate)	<input type="checkbox"/> RECTANGLE <input type="checkbox"/> SQUARE <input type="checkbox"/> CYLINDRICAL <input type="checkbox"/> UNSHAPED	
3	Fuel Tank Dimensions (in mm)	Length – Breadth – Height –	
5	Fuel Tank Capacity (in Litres)		
6	Is Tank has Float Sensor (Tick appropriate)	<input type="checkbox"/> YES or <input type="checkbox"/> NO	
7	If YES, number of holes available in the flange (Fill number of holes in the box)	<input type="text"/> holes	
8	Is tank covered with LID? (Tick appropriate)	<input type="checkbox"/> YES <input type="checkbox"/> NO	
9	LID Dimension (in mm)	Length – Breadth – Height –	

Name and Signature: