Letter of Authorization

(For filling application for instal	lation of SRTPV sys	tem on behalf	of a Trust /	Committee	/
Co-operative etc.)					
		Date:			
We((Name of Trust/ Co	mmittee/ Co-o	perative et	c.), residing	g at
	wish to	install Solar	Rooftop	PV (SRT)	PV)
system at	and We accept	t all the terms,	conditions a	ınd stipulati	ions
mentioned in the application form	n, CEA/OERC regula	ation and its an	nendments o	order from t	ime
to time and any other formats la	id down by the TPC	ODL for this p	urpose.		
Mr/Ms	_ `	Official/Pe	,,,	Č	at
			_		
terms and conditions (including		,	· ·		
metering regulations and its			•		
commissioning and grid connect			•		
or any other format prepared in	•				nts,
agreements and other writings as	s may be necessary of	r required for t	his purpose	•	
Further, the above authorized pe	erson namely Mr/Ms	S		(Name v	vith
Contact Number) is also nomina	ted as the contact per	rson on our bel	nalf for any	matter relat	ting
to the Installation, Operation and	l Inspection of solar	rooftop facility	.		
Signature					

(With Stamp)