**ANNEXURE A / FORMAT I**

**USER REGISTRATION WITH SLDC**

[in compliance to Clause 100 of AERC (Terms and Conditions for determination of Multi Year Tariff) Regulations 2024]

1. **Name of the entity** (in bold letters):
2. **Registered office address**:
3. **User category (please tick whichever applicable)**

|  |  |
| --- | --- |
| Generating Station (CEA Unique Registration No. for each unit) |  |
| Seller |  |
| Buyer |  |
| Transmission License |  |
| Distribution Licensee |  |
| Trading License |  |
| Power Exchange |  |
| Battery Energy Storage system |  |
| QCA / Aggregators |  |
| Others ( Please state any other category) |  |

1. **User details:**

**CATEGORY – GENERATING STATION**

* + 1. Total Installed Capacity:
    2. Maximum Contracted Capacity (MW) using InSTS:
    3. Points of connection to the InSTS:

|  |  |  |  |
| --- | --- | --- | --- |
| **S.No.** | **Point of connection** | **Voltage level (kV)** | **Number of Special Energy Meters**  **(Main) installed at this location** |
|  |  |  |  |
|  |  |  |  |

**CATEGORY – SELLER/BUYER/DISTRIBUTION LICENSEE**

1. Maximum Contracted Capacity (MW) using InSTS
2. Points of connection to the InSTS:

|  |  |  |  |
| --- | --- | --- | --- |
| **S.No.** | **Point of connection** | **Voltage level (kV)** | **Number of Special Energy Meters**  **(Main) installed at this location** |
|  |  |  |  |
|  |  |  |  |

**CATEGORY – TRANSMISSION LICENSEE (INTRA-STATE)**

1. **Sub-stations:**

|  |  |  |  |
| --- | --- | --- | --- |
| **S.No.** | **Sub-station Name** | **Number of Transformer** | **Total Transformation Capacity or**  **Design MVA handling capacity if switching station** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

1. **Transmission lines:**

|  |  |  |  |
| --- | --- | --- | --- |
| **S.No.** | **Voltage Level(kV)** | **Number of Transmission lines** | **Total Circuit Kilometers** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**CATEGORY (OTHERS): PLEASE SPECIFY DETAILS**.

1. **CONTACT PERSON(S) DETAILS FOR MATTERS RELATED TO SLDC**:
   1. Name:
   2. Designation:
   3. Landline Telephone No.:
   4. Mobile No.:
   5. E-mail address:
   6. Postal address:
2. **BANK AND TAX RELATED DETAILS:**

Please furnish the details of the Entity User, Bank details for DSM, TRAS, Congestion, Reactive, SLDC Fees & Charges payments with cancelled cheque:

* + - 1. Account Name:
      2. Account Number:
      3. Name of the Bank:
      4. Branch and Address:
      5. IFSC Code:
      6. PAN No:
      7. GSTIN:
      8. TAN:
      9. RTGS Details (No./Date/Amount):
      10. MICR:
      11. DD/Cheque Details (No./Date/Amount):

1. **REGISTRATION FEE PAYMENT DETAILS (ON LETTER HEAD OF COMPANY)**
2. Name of the Entity:
3. Amount Paid:
4. Registration Fee Paid in account No:
5. Mode of Payment (RTGS /NEFT/ DD/Cheque):
6. Transaction No
7. DD/Cheque issuing Bank details (Name and Branch):
8. Date of Payment:

The above information is true to the best of my knowledge and belief.

**Signature of Authorized Representative**

**(not below the rank of Assistant General Manager or equivalent)**

**Name:**

**Designation:**

**Contact No:**

**Date:**

**Place:**