**ANNEXURE-B1 / FORMAT III**

**REQUEST BY THE USER FOR FIRST TIME ENERGIZATION AND INTEGRATION AND NOTICE FOR FRESH/REPEAT TRIAL RUN**

**<Name of the User>**

**Past references (for eg. annexure A1, A2, A3, A4 &A5):**

**Name of the power system element (s):**

**Type of the power system element with voltage level (Please tick whichever applicable)** :

|  |  |
| --- | --- |
| Transmission Line (AC/ HVDC) |  |
| Transformer (station/ ICT) |  |
| Reactor ( line/bus) |  |
| Filter Banks/ Capacitor banks |  |
| Bus/ Bays |  |
| Generating Unit (RE/Non-RE) |  |
| Energy Storage System (Please specify the type) |  |
| Bulk Consumer or Load serving entity (Please specify the type) |  |

**Owner of the power system element :**

**Expected Date and time of first time energization:**

**Proposed date and time for commencement of Fresh / Repeat Trial Run:**

**Site/Substation Contact Details:**

|  |  |
| --- | --- |
| Site/Substation Incharge Name: |  |
| Site/Substation Incharge Designation: |  |
| Site/Substation Incharge Mobile Number: |  |
| Site/Substation Incharge Email Id: |  |
| Site/Substation Control Room Email Id: |  |
| Site/Substation Control Room Hotline/VOIP/Orange Number: |  |
| Site/Substation Control Room Mobile Number: |  |
| Site/Substation Control Room Landline Number: |  |

**Details of Scheme Approval by Planning Committee / CTUIL/ CEA/RPC/ AEGCL/ Any other –**

|  |  |  |  |
| --- | --- | --- | --- |
| Date of Meeting | Planning Committee/CTUIL/ CEA/RPC Meeting number | MOM Item no. / Point No.  /Serial No | Page No |
|  |  |  |  |

Copy to be essentially enclosed

**Enclosures ( Please tick whichever applicable) :**

|  |  |  |
| --- | --- | --- |
| **Annexures** | **Particulars** | **YES / NO** |
| **Annexure B2** | Undertaking by the User in respect of Protection systems |  |
| **Annexure B3** | Undertaking by the User in respect of Telemetry and Communication |  |
| **Annexure B4** | Undertaking by the User in respect of Energy metering |  |
| **Annexure B5** | Undertaking by the User in respect of statutory clearances |  |
| **Annexure B5(a)** | Undertaking in respect of Cyber Security requirements |  |

**(Name and Designation of the authorized person with official seal)**

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

**Place:**

**Date:**