	done by:		Date:		
I. Gene	ral Information:				
(1) Nan	ne of Organization:				
	ress:				
	address:				
(4) Nam	ne of contact persons / NGO	/ Agency/ Indivi	dual, contact de	tails:	
II. Ener	gy demand Assessment:				
(5) Why	y grid power not available? _				
	id power available in nearby				
If ye	es, Load shedding hours:				
(7) Is di	esel engine / generator avail	able at site: Yes	s / No		
If ye	es, Make:	Mod	del No:		
Pov	ver (kVA): Phase:	Single Phase /	Γhree Phase, Vol	tage Cu	ırrent
Die:	sel consumption per hour: _	Ope	rating hours of [	OG per dav:	
	nand of power for equipmen				
(o) Den		. , , ,			
Sr No	Load	Quantity	Make	Wattage	Operating hours (From – To)
1	Lights (LED / CFL / Incandescent bulb / Other)				
2	Fan				
3	Computer (Monitor, CPU)				
4	Other				
5	Other				
	Other				
6	Other				