HANDING OVER CERTIFICATE & WARRANTY CARD (TO BE PROVIDED TO EACH BENEFICIARY)

It is hereby certified that the Solar Water Pumping System with following details has been commissioned & handed over to the user in satisfactory working condition. It is been commissioned that the further certified that the system has been covered with five year warranty as per the terms & conditions of the contract.

10:30:01	CC CNCKSIS	110-15 (21-0) 1	a variable	~ 1 · 10		4,0		20011	(X Charles)	<i>C</i>	2	411	3								h	4								
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Items		Pumps capacity & typ.e	Work Order No. & date	Pump No.	Name of Beneficiary (with mobile number)	Exact location on installation (latitude-longitude)	Date of installation	Warranty expires on	Name & Address of the Manufacturer / supplier of the	system	Contact Number	e-mail	Spy Module Installed 185000 34/4/200,074, Module Installed 185000 34/4/2000	Sr. No.	Make	Model	Motor Pump SDWOLD 42024277	Sr. No.	Make	Model	Motor Pump Controller 1 10000000 12024050554	Sr. No. + 165-3WC-4/1702	Adda	Mechanical component and installation as per NIT	Farthing provided	Training for operation & maintenance of the system	-	iterature operation & Maintenance manual	(In case of complaint dial number	6-Mall d 101 compreme 12.3.3
s.	Š.		7	m		4	2	9	7				8				0	1			10			;	12	13		14	15	

Field Official, JAKEDA

C/S by Regional Officer,

O

Beneficiary

Sig. of

= 1218

JOINT COMMISSIONIG REPORT (JCR) OF INDIVIDUAL BENEFIARY/Vendor/JAKEDA Official. (To be kept in district office)

(12024											
HP C SUB TYPE CAPACITY	5	KIK Ventund AUT CIA	25-05-3024		26-05-30W	_		ABOUT Rashid Day Kois Kulmonne		HP ISC SUGAR Water Fulliphing	Systems in reference to work order no Sylving Systems in reference to work order no Sylving Systems out on Dated	above and taken over the system by beneficiary in good working condition.
Name of system	Work order no. & date	Supplier	Date of supply of Material by the firm	Date of complete	of the system(s) by the	firm.	Date of Handing over the system(s) to the beneficiary	Details of Beneficiary:	(pump No., Name Address	Certified that ONE no of	Systems in reference to the systems of the system	has been i above and taken over the sy

(Seal & Sig. Vendor)

(JAKEDA Official)

C/S by Regional Officer, JAKEDA

(Sig. of Beneficiary)

Annexure-4