
CHANNEL PARTNER APPLICATION FORM

ROOF TOP SOLAR SOLUTIONS

A. Organization Details

1	Name of Organization	undefined
a	GSTIN	undefined
b	Aadhar	undefined
c	PAN	undefined
2	Address	undefined
3	City, District	undefined
4	State	undefined
5	Pin	undefined
6	Name of Proprietor	undefined
7	Contact Number	undefined
8	Email Id	undefined
9	Type of Organization	undefined
10	Network Profile	undefined
a	Specify Network Profile details	undefined


<i>b</i>	<i>MNRE registration for Subsidy (Yes or NO)</i>	<i>undefined</i>
----------	--	------------------

B. Eligibility Criteria & Experience

<i>12</i>	<i>Experience & Credentials</i>	<i>Number of Years of Experience in RTPV</i>	<i>undefined</i>
-----------	-------------------------------------	--	------------------

		<i>business</i>	
		<i>Total Cumulative Installed Capacity (in kW)</i>	<i>undefined</i>
		<i>Past Project experience (Ticket Size of Completed Projects)</i>	<i>05kW - 10kW (undefined)W 10kW - 20kW (undefined)W 20kW - 50kW (undefined)W 50kW (undefined)W</i>
		<i>On-Grid (in kW)</i>	<i>undefinedW</i>
		<i>Off-Grid (in kW)</i>	<i>undefinedW</i>
		<i>Customer Reference and Past Performance Certificates (Customer List & Performance Certificate)</i>	<i>undefined</i>
		<i>Network Coverage (Name & Number of Districts/City Covered)</i>	<i>undefined</i>
		<i>End Customer Segment (Residential / Institutions / Commercials / Gated Communities / SoHo / Govt. / PSU)</i>	<i>undefined</i>
13	<i>Infrastructure & Manpower</i>	<i>Own Space Available (Office / Warehouse / Godown)</i>	<i>undefined</i>
		<i>Manpower – Sales (In Numbers)</i>	<i>undefined</i>
		<i>Manpower – Survey (In Numbers)</i>	<i>undefined</i>
		<i>Manpower – Technical (Design & Engineering) (In Numbers)</i>	<i>undefined</i>

		<i>Manpower – Procurement (In Numbers)</i>	<i>undefined</i>
		<i>Manpower – I&C (In Numbers)</i>	<i>undefined</i>
		<i>Manpower – AMC (In Numbers)</i>	<i>undefined</i>
14	Financials	<i>Turnover – (Annual Audited Balance Sheet / Turn Over Certificate Certified by Bank / IT Return Form for Past 3 Years)</i>	<i>undefined</i>

Sign : 
.....

Place : PAksutan
.....

Designation: 343
.....

Date : 2024-02-15
.....

Name : Shahzada Shoaib
.....

Disclaimer:

- I hereby declare that the details furnished above are true and correct to the best of my knowledge and belief and I undertake to inform you of any changes therein, immediately.
- This New Channel Partner Application Form is to be submitted along with Channel Partner Evaluation Form and in no way to be filled or submitted separately.
- Necessary documents to be submitted along with the evaluation form to substantiate the ratings.
- The documents, information and any other data will be verified and will be liable to rejection if any discrepancies found.

Note- All the fields need to be filled.