

**Enquiry Form**

Please complete this form in full, so that we can get back to you with a customized solution -

|  |  |
| --- | --- |
| **CUSTOMER DETAILS** | |
| Customer Name : |  |
| Contact Number : |  |
| Email Address : |  |
| Company/Organisation : |  |
| Site Address ( Installation Location) : |  |

## ENQUIRY ABOUT : (please insert ‘X’ next to desired choice)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | SOLAR PV |  | WIND+SOLAR HYBRID |  | WIND TURBINE |
|  | SOLAR WATER HEATER |  | BIO-TOILET |  | COMPOSTER |
|  | SOLAR WATER PUMP |  | SOLAR STREET LIGHTS |  | OTHER |

\***Note:** Kindly include site images or a dimensional sketch of the proposed area for installation

## DETAILS :

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 **SOLAR PV/SOLARMILL/WIND TURBINE**

|  |  |  |
| --- | --- | --- |
| **S.No.** | **REQUIREMENT** | **REMARKS** |
| 1. | Load in KW’s |  |
| 2. | Type of load connected | Single Phase / Three Phase |
| 3. | Daily power generation  required (kWh) |  |
| 4. | Proposed hybrid plant(✔) | Off-Grid / On-Grid |
| 5. | Battery Backup hours  required | Day: Night: |
| 6. | AC Grid Connectivity(✔) | Single phase/ Three Phase |
| 7. | Electrical Earthing(✔) | Available/ Not Available |

**\*Kindly fill the detailed Load & Average Usage hour’s table provided below. Installation Details:**

|  |  |
| --- | --- |
| Plant Installation Location | 1st floor/2nd floor/other |
| Distance from the generator to the Battery/Inverter (Approximate) |  |

**(please EDIT or UNDERLINE the REMARKS box as required)**

## Load (kW) & Average Usage calculation:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **APPLIANCE** | **TYPICAL WATTAGE (W)** | **AVERAGE USE (NO. OF HOURS)** | | **WATTAGE X TOTAL HOURS = KWH** |
| **DAY** | **NIGHT** |  |
| Tube Light | 40 |  |  |  |
| LED Light | 18 |  |  |  |
| Ceiling Fan | 80 |  |  |  |
| Table fan | 60 |  |  |  |
| Exhaust fan | 100 |  |  |  |
| Television | 150 |  |  |  |
| Computer | 250 |  |  |  |
| Pump | 1HP (746W) |  |  |  |
| Refrigerator | 300 |  |  |  |
| Others |  |  |  |  |
| 1 |  |  |  |  |
| 2 |  |  |  |  |
| 3 |  |  |  |  |

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# BIO-TOILET

|  |  |  |
| --- | --- | --- |
| **S.No.** | **REQUIREMENT** | **REMARKS** |
| 1. | Do you have drainage system for your toilet | Yes/No |
| 2. | Place where bio-toilet needs to be installed | Indoor/Outdoor |
| 3. | No. of members that will use it daily |  |
| 4. | No. of Indian seats you want to install |  |
| 5. | No. of English seats you want to install |  |
| 6. | No. of cabins you want to install |  |
| 7. | No. of urinal you want to install |  |
| 8. | Type of installation | Cabin/Bio-Digester/Both |
| 9. | Type of cabin | FRP / Insulated (PUF) |

**(please EDIT or UNDERLINE the REMARKS box as required)**

**COMPOSTER**

|  |  |  |
| --- | --- | --- |
| **S.No.** | **REQUIREMENT** | **REMARKS** |
| 1. | Amount of waste produced per day (kgs) |  |
| 2. | Kind of waste generated | Kitchen/Agriculture/Other |
| 3. | Is waste segregated currently? |  |
| 4. | Amount of space available for system | Outdoor/Indoor - |
| 5. | How far it is from resident/working area (m) |  |
| 6. | Time requirement for composting | 1 day/10 day |

**(please EDIT or UNDERLINE the REMARKS box as required)**

**SOLAR STREET LIGHT**

|  |  |  |
| --- | --- | --- |
| **S.NO.** | **REQUIREMENT** | **REMARKS** |
| 1. | Distance to be illuminated |  |
| 2. | Kind of light to install | Integrated / 3-Piece/ Flood light |
| 3. | Area of installation | Pathway/Road/Field/Other |
| 4. | Power of Lamp required (watt) |  |
| 5. | Height of pole (m) |  |
| 6. | Quantity required (no. of unit) |  |

**(please EDIT or UNDERLINE the REMARKS box as required)**

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