**Adoption Form**

**DATE :**

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

|  |  |
| --- | --- |
| **BENEFICIARY DETAILS** | |
| Beneficiary Name : |  |
| Contact Number : |  |
| Email Address : |  |
| Partner Organisation : |  |
| Full Postal Address : |  |

**SOLUTION REQUIRED :**

|  |  |  |
| --- | --- | --- |
| * SOLAR LAMP | * SOLAR HOME SYSTEM | * 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 :**

|  |
| --- |
|  |

**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 plant design | 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) |  |

**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 |  |  |  |  |

**BIO-TOILET**

|  |  |  |
| --- | --- | --- |
| **S.No.** | **REQUIREMENT** | **REMARKS** |
| 1. | Place where bio-toilet required |  |
| 2. | No. of people that will use it daily |  |
| 3. | No. of urinals required |  |
| 4. | No. of Indian seats required |  |
| 5. | No. of English seats required |  |
| 6. | No. of cabins you want to install |  |
| 7. | Type of installation | Cabin/Bio-Digester/Both |
| 8. | Type of cabin | FRP / Insulated (PUF) |
| 9. | Is water connection available at site? |  |

**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 |

**SOLAR STREET LIGHT**

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