Renewable Hybrid Off-Grid System Declaration

Project Name:	
Location/Address:	
System Owner/Organization:	
Contact Number:	
Email Address:	
System Details	
Type of System:	
Installed Capacity (kW):	
Renewable Energy Sources:	
Other Power Sources:	
Commissioning Date:	
	regarding the Renewable Hybrid Off-Grid System is true and
correct to the best of my knowledge.	
Name:	
Designation:	
Signature:	
Date:	
Witness Name:	
Signature:	
Date:	