

The Director**Gujarat Energy Development Agency****Udyog Bhavan, 4th Floor, Block No 11-12,****Sector-11, Gandhinagar-382 017.**

Tele; 079-23257251-53 Fax: 079-23247097, 23257255

website: www.geda.gujarat.gov.in e-mail: ec@geda.org.in**Authorization of Energy Audit Consultants****PART A: Details of Applicant****1. Name of Organization / Individual**

2. Category

(Please "✓" mark at appropriate place)

a) Individual/Proprietary

d) Partnership

b) Public Limited

e) Private Limited

c) Research Institution

f) Others (Please specify)

3. Address (Postal)

Pin Code : _____

Telephone/s (with STD code):
Fax No./ email ID

_____ / _____

4. Name of the Chief Executive

5. Year of Establishment:

6. Other Professional Membership/s

i Chief Electrical Inspector, GoG.

Yes / No

ii. PCRA

Yes / No (If "YES" attach proof)

iii. Bureau of Energy Efficiency

Yes / No

iv. Any Other (pl specify)

Yes / No

7. Details of Collaboration(i.) Name of Organization : M/s
Address

Pincode : _____

Contact & Designation

(ii) **Scope of Collaboration**

(In brief)

8. Details of Support Facilities

(Instruments, lab, computer, etc.)

a. Laboratory / Workshop

(attach list of equipment) _____

b. Instruments

(attach list with detailed specification) _____

c. Computer

d. Others (Pl specify)

9. Particulars of Expertise/specialty

i. Audit Type : Thermal Electrical Both

ii. Type of Industry/ies : _____

iii. Particular equipment or processes: _____

PART B : MAN POWER AND EXPERIENCE

1. Table I : Details of Technical Manpower

Sr. No.	Name & Designation	Qualification	Experience (years)	Field of Expertise	Whether BEE Certified Auditor
1.					
2.					
3.					

(Attach resume of each of the team member with necessary credentials. Use separate sheet)

2. Table II : Projects undertaken during last 3 years.

Sr. No	Area (*)	Sector	Sub-sector	No. of Projects
1.				
2.				
3.				
4.				
5.				

* - Electrical/Thermal/Both (Use separate sheet, if required)

3. List of Major Clients of last 3 years

Sr.No.	Name of Client	Contact Person (by designation)	Contact Nos. (Telephone)
1.			
2.			
3.			
4.			
5.			

(Use separate sheet, if required)

PS: Enclose a copy of Energy Audit Study Report prepared by you.

4. Justification of in support of your application:

5. Specimen Signature of Certified Energy Auditors

Sr.No.	Name	Specimen Signature
1		
2		
3		

PART C: GENERAL INFORMATION

1. List of three references (from industries and govt. institutions)

Sr.No.	Name	Address	Contact No.
1			
2			
3			

2. Any additional information in support of your application

PART D: PROCESSING FEES DETAIL:

1. Demand Draft of Rs.2875 (2500+15% Service Tax) No. _____ Date: _____

2. Name & Branch of Bank: _____

Declaration

The information provided in this form is accurate and true to the best of my knowledge. We agree to the terms & conditions of Authorization.

- Name & Designation of the authorized signatory: _____

(Signature)

(Seal of Organization)

Date: _____

----- (for office use only)-----

File No.: EAC/2017-18/_____

Date of Receipt of Application: _____

Ref. & Date of Authorization: _____ date: _____

Date of Expiry of Authorization: _____

Remark: _____
