GOVERNMENT OF ASSAM
OFFICE OF THE CHIEF ELECTRICAL INSPECTOR-CUM-ADVISER:
GUWAHATI-781 003

Form ELB-1

APPLICATION FOR CONTRACTORS LICENSE

[Regulation 14(1)]

1. Name of Applicant *:

1.1 Mobile No. *: +91

2. Name of Applicant's Father *:

3. Present Address:

Address Line 1:

Address Line 2:

State *: District *:

Pin Code *:

4. Permanent Address:

Address Line 1:

Address Line 2:

State *: District *:

Pin Code *:

5. Name of the person or firm on whose favour the license is sought (in block capital letters)

6. Relationship of Applicant with the Person or Firm referred to in column 5 above and the capacity to file the application

7. Business Address of the person of the firm referred to in column 5 above

Address Line 1:

Address Line 2:

State *: District *:

Pin Code *:

Applicant Signature

8. In case of partnership, names and detail particulars of the partners (additional sheets may be annexed if necessary)

Sl. No.	Name	Permanent Address	Age	Details of Interest
a				
B				
c				

(*a copy of the deed of partnership attested by a gazette officer shall be enclosed*)

9. Class of license applied for: Class I ☐ Class II ☐ Spl. Class ☐

10. If any contractor's license already been granted, detail particulars thereof:

11. Details of Supervisor and Workman under full time and part time employment (additional sheets may be annexed if necessary)

Name:

Permanent Address:

Date of Joining: / / Certificate / Permit No. :

Class (Parts): Issue Date: / /

Expiry Date: / / Fulltime employment: ☐ Yes ☐ No

Name:

Permanent Address:

Date of Joining: / / Certificate / Permit No. :

Class (Parts): Issue Date: / /

Expiry Date: / / Fulltime employment: ☐ Yes ☐ No

Applicant Signature

12. Details of Testing Instruments and other apparatus in possession:

Name of Instrument:
Maker's Name:
Capacity thereof:
Year of Manufacture:
Sl. No. of Instrument:
Quantitative no. thereof:

Name of Instrument:
Maker's Name:
Capacity thereof:
Year of Manufacture:
Sl. No. of Instrument:
Quantitative no. thereof:

Name of Instrument:
Maker's Name:
Capacity thereof:
Year of Manufacture:
Sl. No. of Instrument:
Quantitative no. thereof:

13. Treasury Challan No. *: Challan Date *: / /
Amount of Treasury Challan Rs. *:
Name of Treasury/Sub Treasury *:
Paid Through *:
Name of Bank *:
Name of Branch *:

Attachments:

1. Treasury challan copy:* Rs. 1,000.00 under Head of Account "0043 Taxes & Duties on Electricity-102 Fees under I.E. Rules".
2. Instrument Purchase Cash Memo Copy*:
   a. Earth Tester = 0 – 100 Ohms
   b. Insulation Tester = 500 Volts for 11 K.V. & = 2500 Volts for 33 K.V.
   c. Volt Meter = 0 – 500 Volts
   d. Ampere Meter = 0 – 100 Ampere
3. One Supervisor Joining Report & Physical appearance in E.L.B, Assam and upto date validity in original*
4. 2 Nos. of Wiremen Joining Report with upto date Photocopy License*
5. Instrument Test Certificate*
6. For 33 K.V. = One H.T. Lineman Joining Report with Photocopy License in original*
7. Address Proof*: Anyone of - Telephone Bill/Electricity Bill/PAN Card/Driving License etc.*

Applicant Signature

8. If Partner, enclose Partnership Deed*

FOR CLASS – I:

1. Treasury challan copy:* Rs. 3,000.00 under Head of Account "0043 Taxes & Duties on Electricity-102 Fees under I.E. Rules".
2. Instrument Purchase Cash Memo Copy*:
    a. Insulation Tester = 5000 Volts
3. 2 Nos. of Supervisor Joining Report (1 No. with all parts)*
4. 4 Nos. of Wiremen Joining Report with upto date Photocopy License (1 No. of H.T. Lineman)*
5. If Private Limited, enclose Memorandum of Articles & Association*

Applicant Signature