QUESTIONNAIRE FOR SOLAR PV POWER SYSTEM

Kindly provide us the following details enabling us to offer a suitable Solar Power System for you.

Customer Name:
Address :

Date :
Mob No :
Tel :
Fax :
Email :

Department :

S.No	Appliances	Watt	Qty	total watt	No. of Hrs	Total Watt hrs	Remarks

On-grid / Off-Grid :

If Off-Grid, Required Backup Hrs:

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No 126, Race View Tower, Mount Road, Guindy
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E mail : info@adhiam.com