## **REQUEST FOR CONSENT FOR SHORT TERM OPEN ACCESS**

Dated: Ref. No. : Consent to be sent by DISTCO and OPTCL :\_\_\_\_\_ **Ref:** Application No. \_\_\_\_\_ Dated:\_\_\_\_\_ 1. Name of Customer : 2. a) Name of Injecting Utility • b) Voltage Level a) Name of Drawee Utility 3. b) Voltage Level 4. a) Intervening DISTCO b) Intervening State Transmission Utility c) Inter-Utility links of DISTCO 5. Consent sought for :

(To be sent by SLDC to concerned DISTCO and OPTCL)

From (Date)	To (Date)	Time Period		Capacity
		From (Hrs)	To (Hrs)	(MW)

- 6. The DISTCO / OPTCL to furnish the consent application wise. In case of congestion in the Transmission/Distribution system STU should decide the reduced quantum (MW) to be allowed.
- DISTCO / OPTCL should send their consent by ...... Hours on ...... Date to SLDC.

Signature

PLACE	:	NAME	:
DATED	:	DESIGNATION	:

То

## **CONSENT FOR SHORT TERM OPEN ACCESS**

## (To be sent by concerned DISTCO and OPTCL to SLDC)

Ref. I	No. :	Dated:			
Cons	Consent sent by DISTCO and OPTCL :				
Ref:	Application No	Dated:			
1.	Name of Customer	:			
2.	a) Name of Injecting Utility	:			
	b) Voltage Level	:			
3.	a) Name of Drawee Utility	:			
	b) Voltage Level	:			
4.	a) Intervening DISTCO	:			
	b) Intervening State Transmission Utility	:			
	c) Inter-Utility links of DISTCO	:			
5.	Consent accorded for	:			

- From<br/>(Date)To (Date)Time PeriodCapacity<br/>Sought<br/>(MW)Consent<br/>Accorded<br/>(MW)(Date)From (Hrs)To (Hrs)Sought<br/>(MW)Accorded<br/>(MW)

Signature

PLACE : NAME :

DATED : DESIGNATION :

То

## **REQUEST FOR REVISING THE SHORT TERM OPEN ACCESS**

(To be sent by SLDC to Applicants)

Ref. No. :		Dated:	
To,	M/s	(Applicant)	
Ref:	Application No	Dated:	

Dear Sir,

With reference to your application dated..... for reservation of

transmission/ distribution capacity for short-term open access, there is an anticipated congestion as follows:

Transmission	<b>Congestion P</b>	Congestion Period		Period	Total	
System/ IU link of Distcos	From Date	To Date			Capacity Available (MW)	

Please send your Revised request, if any latest by ...... In case no reply is received by the specified time, your application will be processed as per capacity accorded by the STU.

### Signature

PLACE	:	NAME	:
DATED	:	DESIGNATION	:

## **CONFIRMATION FOR REVISED CAPACITY**

(To be sent by Applicant to SLDC)

Ref. N	No. : Dated:
To,	
	The Sr. General Manager (Power System)
	SLDC, OPTCL, Bhubaneswar.
Ref:	Original Application No Dated:
Dear S	Sir,
	With reference to your letter no Dated, I do hereby
	confirm that (Strikeout or delete the clauses which are not applicable).
I)	I would like to avail the short-term open access only for the duration when no
	congestion is anticipated in the corridor and I do not want to avail the capacity

II) I would like to revise the capacity from ...... MW ( in original application) to ...... MW during the congestion period.

during the congestion period as mention hereunder:

Sl.	Congestion Period				Applied	Revised
No.	Period		Time Period		Capacity (MW)	Capacity (MW)
	From Date	To Date	From Hrs	To Hrs	-	

Signature

PLACE	:	NAME	:
DATED	:	DESIGNATION	:

# **BIDDING INVITATION FORMAT FOR THE SHORT-TERM OPEN ACCESS**

(To be invited by SLDC)

A.	Scope for bidding.	
1.	Bid invitation Date	Time
2.	Bid submission Date	Time
3.	Bid opening Date	Time
4.	Your Application No	Date
5.	Capacity available for bidding (MV	V)
6.	Congestion period from	to
7.	Bids invited for STU/DISTCO syst	em
	7.1 Name of the Transmission/s	sub-transmission system
	7.2 Floor price	Rs./MW/day
То		
	1)	With reference to your application NoDt
	2)	With reference to your application NoDt
		Signature
Date _		Name :
Place _		Designation

## <u>FORMAT-7</u> <u>APPROVAL FOR SHORT TERM OPEN ACCESS</u>

(To be issued by SLDC)

Approval No. :		Dated:	
Ref:	Original Application No	Dated:	_
	Revised Letter No. :	Dated:	
1.	Name of Customer	:	
2.	a) Name of Injecting Utility	:	
	b) Voltage Level	:	
3.	a) Name of Drawee Utility	:	
	b) Voltage Level	:	
4.	a) Intervening DISTCO, if any	:	
	b) Inter Utility links DISTCOs, if any	:	
	c) Intervening State Transmission Utility	:	

5. Open Access Capacity Applied:

From	То	Time Period		Capacity
(Date)	(Date)	From (Hrs) To (Hrs)		( <b>MW</b> )

6. Open Access Capacity Approved:

From	То	Time Period		Capacity
(Date)	(Date)	From (Hrs)	To (Hrs)	(MW)

7. A curtailed approval is being granted on account of

- 8. In accordance with the bids invited for \_\_\_\_\_\_ transmission system, the Transmission Charges in respect of the above mentioned system shall be \_\_\_\_\_\_ Rs./ MW / day (\_\_\_\_\_)% of the floor rate of \_\_\_\_\_\_ Rs./ MW / Day for the period \_\_\_\_\_\_ to
- The above approval is in accordance with provisions of the "Procedure for reservation of transmission / distribution capacity to short term open access customers " issued by SLDC / STU.
- 10. This approval is subject to full payment made by applicant on or before the due date as specified in the "Scheduled of Payment "enclosed as per Para 2.4 of "procedure for reservation of transmission/distribution capacity to STOA customers" issued by STU.
- 11. LC may be opened by \_\_\_\_\_ for Rs. \_\_\_\_\_ within seven days of commencement of Open access transaction.
- 12. This approval is subject to
  - a) The trader/licensee holding a valid license/permission granted by CERC/OERC.
  - b) OERC's (Terms and Conditions for Open Access) Regulation, 2005.
  - c) The responsibility of ensuring compliances with the provisions of Electricity Act, 2003 and OERC Regulations on Open Access dated. 06.06.2005 shall lie with the Applicant/Customer.
- 13. Standard format for LC is appended.

**Enclosures : Schedule of Payments.** 

### **SCHEDULE OF PAYMENTS**

a. Approval No. :\_\_\_\_\_

Dated: \_\_\_\_\_

Dated:

b. Ref: Application No\_\_\_\_\_

**c.** Due date. Before the commencement of open access transactions as per Para-5 of "Procedure for Reservation of Transmission/Distribution Capacity to STOA Customers".
**MW- Days**: (to be calculated by multiplying capacity approved (MW) with No. of days multiplied with applicable day rate (full / half/ one-forth) depending upon the no. of hours in continuous time block).

From	То	Time Period		Capacity	MW-Days
(Date)	(Date)	From (Hrs)	To (Hrs)	(MW)	
1			Tot	al MW- Days:	

### Short Term Open Access Charges:

SI.	Particulars	ST_Rate	Total MWs-	Amount
No			Days	( <b>Rs.</b> )
1.0	Transmission charges.	Rs./MW/day		
1.1	(STU/Licensee)			
	Scheduling & System operation charges	Rs./day		
2.0	Non refundable fee	Rs. 5000/-		
3.0	Wheeling Charges			
4.0	Surcharges			
5.0	Additional Surcharges			
6.0	Backup Charges			
7.0	Service Charges			
8.0	Total Payment			
9.0	Security Deposits *(One month charge)			

\* Security Deposits is one time payment for the capacity approved.

## Signature

PLACE	:	NAME	:
DATED	:	DESIGNATION	:

То

M/s\_\_\_\_\_

\_\_\_\_\_

Copy to:

- Concerned DISTCO
- ✤ Chief General Manager (O&M), OPTCL

## FORMAT-8 DETAILS OF PAYMENTS

(To be submitted by the customer along with the payment)

a.	Ref Approval No. :
----	--------------------

Dated: \_\_\_\_\_

b. Ref: Application No\_\_\_\_\_

Dated:\_\_\_\_\_

C. Payment for the period : From: (Date)

Sl.No	Particulars	Amount
		( <b>Rs.</b> )
1.0	Transmission charges.	
	(STU/Licensee)	
1.1	Scheduling and system operation charges	
2.0	Non refundable fee	
3.0	Total Payment (1+2)	
4.0	Wheeling Charges	
5.0	Surcharges	
6.0	Additional Surcharges	
7.0	Backup Charges	
8.0	Service Charges	
9.0	Total Payment	
10.0	Security Deposits	

- 1. Details of Bank Draft:
  - a. Name of the Bank with address.
  - b. Draft No & Date.
  - c. For Amount Rs..... in favour of "\_\_\_ SLDC Short-Term Open Access" Payable at Bhubaneswar.

## Signature

PLACE	:	NAME	:
DATED	:	DESIGNATION	:

# <u>Terms for Letter of Credit</u> (Short Term Open Access)

- 1. The letter of credit is irrevocable revolving and shall revolve automatically immediately after release of monthly payment to SLDC as per the payment schedule through this LC up to a limit of Rs.\_\_\_\_\_
- 2. The letter of credit will be operated after the expiry of the due date of monthly payment as indicated in the "Schedule of monthly payments" enclosed with the approval issued to the Short Term Open Access Customer by the SLDC.
- 3. The letter of credit shall remain valid upto \_\_\_\_\_\_ (The end of short term open access transaction)
- 4. The total value of the letter of credit would be Rs. \_\_\_\_\_.
- 5. All charges relating to opening, advising, confirmation, amendment, recoupment, operation, issuance, negotiation, remittance etc. or any other charges would be borne by Applicant.
- 6. The amount would be paid immediately by the bank once letter of credit is operated by the authorized officer of SLDC.

### List of Documents.

- I. The copy of the application for grant of Short Term Open Access.
- II. The copy of the approval issued by Nodal Agency i.e., SLDC for Short Term Open Access indicating
  - A. Reserved capacity for the Short term Customer.
  - B. Period of Transaction.
  - C. Schedule of monthly payments.
- III. Acceptance of the approval by the Short Term Customer.
- IV. Specimen signature of the Officer of Nodal Agency (SLDC) authorized to operate the letter of credit.