



**ANNEXURE - II**

**Mechanics Pre-Installation check of Customers Premises for LPG connection**

Date:.....

**Name and Address of the Distributor:**

Consumer Name:.....

Address:.....

.....

.....

Mobile No: .....

Consumer's KYC No:.....

I,....., have on date.....visited the customers premises at the above-mentioned address and have carried out the following Inspections.

- |   |          |
|---|----------|
| 1) Whether the Applicant stays at the address provided by the applicant and Is correct as per his declaration | YES / NO |
| 2) The Household has an LPG connection of any OMC   | YES / NO |
| 3) Whether the Applicant has a separate Kitchen   | YES / NO |
| 4) Whether the Kitchen is safe for LPG Installation? That is roof and walls are Not of flammable material     | YES / NO |
| 5) Whether the Kitchen has a Platform for placing LPG Stove   | YES / NO |

Signature / LTI of Applicant

Name and Signature of Mechanic