**Reception Form for Observation Test of Inverter**

|  |  |
| --- | --- |
| Manufacturer’s Name |       |
| Manufacturer’s Address | Mailing:       |
|  | Email:       |
|  | Website:       |
| Local Supplier |       |
| Local Supplier's Address | Mailing:       |
|  | Email:       |
|  | Tel:       |
| Manufactured | [ ]  Locally manufactured[ ]  Locally assembled with CKD and SKD parts imported[ ]  Imported, if imported then With exclusive dealership and imported from …………….. Without exclusive dealership and imported from ………….[ ]  Locally purchased from …………………(Submit evidence for exclusive dealership and specify company name and address of delivery) |
| Brand / Model |  |
| Serial No. |  |
| Type of Inverter | [ ]  Off- Grid [ ]  On- Grid |
| Nominal battery voltage | [ ]  12 V [ ]  24 V [ ]  48 V [ ]  Others       |
| Input voltage range | [ ]  From ….V DC [ ]  To ….V DC |
| Output voltage | [ ]  From ….V AC [ ]  To ….V AC |
| Inverter Efficiency at rated resistive load |       % |
| Output frequency |       Hz |
| Total harmonic distortion (THD) |       % |
| Nominal power |       W      VA |
| Maximum Input Current |      A(DC) |
| Maximum load current |      A(AC) |
| Power factor |       |
| Self-consumption |      mA |
| Power Saving / Sleep Mode | [ ]  Yes [ ]  No |
| Built-in indicators | [ ]  Battery state of charge[ ]  Charging[ ]  Other: ……………. |
| Battery deep discharge protection | Load disconnect (LVD) at:       V ±      % |
| Protection against | [ ]  Short circuit on output terminals[ ]  Reverse polarity on DC input terminals[ ]  Overload, over temperature[ ]  Other: ……………………… |
| Operating temperature | Minimum     °C Maximum:      °C |
| AC Charging | [ ]  Yes [ ]  No |
| Temperature compensation | [ ]  Yes (       mV/°C/cell)[ ]  No |
| Application | [ ]  Indoor only[ ]  Indoor and outdoor |
| Audible noise produced by inverter |      dB at a distance of      meters |
| Warranty Years |       Years |
| Additional description |  |
| International Standards fulfilled(IEC, ISO, Others) |  |

Name: Company Stamp:

Designation:

Signature: Date: