|                           | o. – site bills     | 1.1.5     | _                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |        |                                | - site            | e bil          | ls     | 8/12/2                          | 020                    |
|---------------------------|---------------------|-----------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|--------------------------------|-------------------|----------------|--------|---------------------------------|------------------------|
| register<br>Company Name: |                     | 465       | and the second se |        | Regis                          | ster              |                |        | * 8/12/2020<br>May flow pl time |                        |
|                           | •                   | MAR       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |        | Site:                          |                   |                | ł      | Hoy flow plation                |                        |
|                           | e of Contractor     | k.        | Kin                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | hn     | 1                              |                   |                |        | $\mathcal{O}$                   | V                      |
|                           | re of work          |           | Sifely                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |        | - lý                           | iy ,              | Ne             | _      |                                 |                        |
| Work                      | k done              | From Dat  | te                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |        | 111/2                          |                   | _              | Date   | She                             | 120                    |
| Sl.<br>No.                | Villa/Flat/block no |           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Rate   | <u> </u>                       | Unit              | S              | Amour  |                                 | Contractors<br>bill no |
| 1.                        | B'si' Marth -3      | no        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |        |                                |                   |                |        |                                 |                        |
| 2.                        | floor shits mil     | -         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |        |                                |                   |                |        |                                 |                        |
| 3.                        | Epiper with         |           | SD.~                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 5-     | R                              | 8M                | -              | 175    | ונא D. אי                       |                        |
| 4.                        | - with sie          | le g      | 30.~~                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |        |                                | 84                | _              |        | JD. N.                          |                        |
| 5.                        | Sath fide           |           | 430.~                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 5-10   |                                | 84                | $\sim$         | 71     | D.W                             |                        |
| 6.                        | 6. Eartside<br>7.   |           | 230-                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ~ S-10 |                                | m                 |                | 615    | D. ~ '                          |                        |
|                           |                     |           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |        |                                |                   |                |        | /                               |                        |
| 8.                        |                     |           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |        |                                |                   |                | /      | /                               |                        |
| 9.<br>10.                 |                     |           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |        |                                |                   |                |        |                                 |                        |
| 10.                       | Т                   |           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |        |                                |                   |                |        |                                 |                        |
|                           |                     | otal:     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |        |                                |                   |                |        | fo0, ~.                         |                        |
|                           | required            | IZYES □   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |        |                                | GST bill required |                |        |                                 | ∃ NO.                  |
|                           |                     |           | -                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |        | Measurement &                  |                   |                | Enclos |                                 |                        |
| PO/WO no.                 |                     | □ Not rec | luirea                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |        | estimate sheet:<br>PO/WO date: |                   | □ Not enclosed |        | nclosed                         |                        |
| Remarks :                 |                     |           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |        |                                | , <b>U</b> uu     |                |        |                                 |                        |
| Kem                       | arks :              |           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |        |                                |                   |                |        |                                 |                        |
|                           |                     |           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |        |                                |                   |                |        |                                 |                        |
|                           |                     |           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |        |                                |                   |                |        |                                 |                        |
|                           |                     |           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |        |                                |                   |                |        |                                 |                        |
|                           |                     |           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |        |                                |                   |                |        |                                 |                        |
| Appr                      | oved by Project Ma  | anager    | Appro                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | oved b | y Desi                         | gn Te             | am             | Appr   | roved by                        | M.D.                   |
| Date                      | : 8/12/20           |           | Date:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |        |                                |                   |                | Date   | Date:                           |                        |
| Sign:                     | COLOMA              | hm        | Sign:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |        |                                |                   |                | Sim    | Sign:                           |                        |

## Construction division. Advice for giving credit to contractors/suppliers.

 Sign:
 Sign:

 Notes:
 1. This advice must be sent within 7 days of completing work.
 2. This form can be used for certifying labour bills, bills for hire charges, earth work, turnkey civil contractors.
 3. Wherever not applicable – fill NA.
 4. Estimate and measurement sheets are not required for turnkey jobs where guideline rates are clearly given.

contractor sient:2 K. 5) of

| ESTIMATE SHEET<br>Topic: | B&C blocks-3rd floor sarrounding safety net tying               | t tying work.                            |         | Prepared b sob | sobhanbabu |             |
|--------------------------|-----------------------------------------------------------------|------------------------------------------|---------|----------------|------------|-------------|
| company:                 | Mppl                                                            |                                          |         | Date:          | 08-Dec-20  |             |
| Project:                 | May Flower Platinum                                             | 30 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 |         |                |            |             |
| Contractor Name:         | K.Krishna.                                                      |                                          |         |                |            |             |
| S.No. Item Head          | Item Description                                                | Duantity                                 | Ilnite  | Data           | Amount     | Cond T.     |
| 1 Total B&C b            | Total B&C block sarrouding safety net twing work                | Annual                                   |         | IVana          |            | Gialia Iora |
|                          | 3RD Floor safety net tying work 8C1 to Caflate 8.83 to 84 flate | Fate 8.07 to 0                           | Aflata  | 4.<br>C.       |            |             |
|                          |                                                                 |                                          | + ligto |                |            |             |
|                          | WEST SIDE                                                       | 350.00                                   | sft     | 5.00           | 1750.00    |             |
|                          | north side                                                      | 930.00                                   | sft     | 5.00           | 4650.00    |             |
|                          | south side                                                      | 1430.00                                  | sft     | 5.00           | 7150.00    |             |
|                          | East side                                                       | 1230.00                                  | sft     | 5.00           | 6150.00    |             |
|                          |                                                                 |                                          |         |                |            |             |
| 1                        |                                                                 |                                          |         | Total Amount   | nt         | 19700.00    |
| I OTAL AMOU              | I otal Amount in words Nineteen Thousand seven Hundred only     | undred only                              |         |                |            |             |
|                          |                                                                 |                                          |         |                |            |             |
|                          |                                                                 |                                          |         |                |            |             |

| MEASURE          | MEASUREMENT SHEET      |                                                                |                |               |            |     |                             |            |            |
|------------------|------------------------|----------------------------------------------------------------|----------------|---------------|------------|-----|-----------------------------|------------|------------|
| Topic:           |                        | B&C blocks- 3rd floor sarrounding safety net tying w           | iding safety r | let tving w   |            |     | Prenared by:                | sobhanbabu |            |
| company:         |                        | Mppl                                                           | 4              |               |            |     | Date:                       | 08-Dec-20  |            |
| Project:         | there is had nothing a | May Flower Platinum                                            |                |               |            |     |                             |            |            |
| Contractor Name: | Name:                  | K.Krishna.                                                     |                |               |            |     |                             |            |            |
|                  |                        |                                                                | ⊳              | σ             | ი          |     | m                           | т          | G          |
| S.No             | Item Head              | Item Description                                               | Length         | Width         | Height     | sou | Quantity                    | Units      | Total Head |
| 1                | Total B&C b            | Total B&C block sarrouding safety net tying work               | ying work      |               |            |     |                             |            |            |
|                  |                        | 3RD Floor safety net tying work 8C1 to C6flats &B2 to B4 flats | ork 8C1 to C6  | oflats &B2 to | o B4 flats |     | and the state of the second |            |            |
|                  |                        | west side                                                      | 35.00          | 10.00         | 1.00       | 1   | 350.00                      | sft        |            |
|                  |                        | north side                                                     | 93.00          | 10.00         | 1.00       | 1   | 930.00                      | sft        |            |
|                  |                        | south side                                                     | 143.00         | 10.00         | 1.00       | 1   | 1430.00                     | sft        |            |
|                  |                        | East side                                                      | 123.00         | 10.00         | 1.00       | 1   | 1230.00                     | sft        |            |
|                  |                        |                                                                |                |               |            |     |                             |            | 3940.00    |

## Bill for Labour charges K.Krishna. Mallapur,Malkajgiri. Hyderabad

Date:08.12.20

In favor of:MPLProject / Site:MFPLocation:82/1. Mallapur.Type of Work:.B&C blocks-3rd floor sarrounding safety net tying workTowards:Labour Charges

| S No. | Description                                                                                                                                                     | Amount      |
|-------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|
| 1.    | Brief description of work done:B&C blocks-3rd floor<br>sarrounding safety net tying work.<br>Total amount =Rs.19,700=00<br>from date : 27.11.2019 to 05.12.2020 | Rs.7,880=00 |

Amount in words : Seven Thousand eight hundrad and eighty only.

Sign: \_\_\_\_\_

## Bill for Equipment Allowance K.Krishna. Mallapur,Malkajgiri. Hyderabad

Date:08.12.20

 In favor of:
 MPL

 Project / Site:
 MFP

 Location:
 82/1. Mallapur

 Type of Work:B&C blocks-3rd floor sarrounding safety net tying work.

 Towards:
 Allowance for Equipment.

| S No. | Description                                         |              |
|-------|-----------------------------------------------------|--------------|
| 1     | Description                                         | Amount       |
| 1.    | Brief description of work done:B&C blocks-3rd floor |              |
|       | sarrounding safety net tying work.                  | Rs. 7,880=00 |
|       | Total amount =Rs.19,700=00                          | 13. 7,000 00 |
|       | from date :27.11.2020 to 05.12.2020                 |              |

Amount in words :Seven Thousand eight hundrad and eighty only.

Sign: \_\_\_\_\_

## Bill for Consumable K.Krishna. Mallapur,Malkajgiri. Hyderabad

Date:08.12.2020

In favor of:MPLProject / Site:MFPLocation:82/1. MallapurType of Work:B&C blocks-3rd floor sarrounding safety net tying work.Towards:Allowance for Consumables.

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| 1. | Description<br>Brief description of work done:B&C blocks-3rd floor                                       | Amount      |
|----|----------------------------------------------------------------------------------------------------------|-------------|
|    | sarrounding safety net tying work.<br>Total amount =Rs.19,700=00<br>from date : 27.11.2020 to 05.12.2020 | Rs-3,940=00 |

Amount in words : Three thousand nine hundrad and fourty Rupees only.

Sign: \_\_\_\_\_