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

register  Company Name:  Name of Contractor  Nature of work  Work done  St. Villa/Flot/block as a Constant of St. Villa/Flot/block as a Constant o	Sl. N	No. – site bills				Date	- site b	site bills						
Name of Contractor   Service   Constructions	regis	ster	1.39			1		1113						
Nature of Work  Work done  St. Villa/Flat/block no.   No.    1. Unrefrequent 2 675 2 38.36 /- C++ 6.37.613 /- 2. A block  3. flat at 0 10   4.   5.   6.   7.   8.   9.   10.   11.   11.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   10.   11.   10.	Com	pany Name:												
Work done    From Date   To Date	Nam	e of Contractor							GMR					
Work done    From Date   To Date	Natu	re of work	21312	ani	Cons	tome	etions							
SI. Villa/Flat/block no. Qty. Rate Units Amount Contractors bill no  1. Unrestructed 1 6 3 5 2 38 36 6 4 6 3 1 6 13 6 3 7 6 13 6 7 6 1 7 6			Easth work miscellaneous											
No.    No.			From D	ate			Te	o Date						
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A bloc 6.  3. **I(at a(a \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		Unxilocement	26	75	2-38	.36/-	cft	6.37.617 /						
4.  5. 6. 7. 8. 9. 10. 11. Total:  Bill required		A block		. ,					1					
4. 5. 6. 7. 8. 9. 10. 11. Total: 6,37,613/- Bill required	3.				1		7 , II.							
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7. 8. 9. 10. 11. Total: 6,37,613/- Bill required PYES PNO. GST bill required PEnclosed estimate sheet: Not required estimate sheet: Not enclosed PO/WO no.  Remarks: Freeth Month. Plath beam, Pre column slows  Approved by Project Manager Approved by Design Team Approved by M.D.  Date: Date: Date:	5.						Senta .							
8.  9.  10.  11. Total:  Bill required	6.													
9.  10.  11. Total:  Bill required   TYES PNO.   GST bill required   TYES PNO.    Measurement & Penclosed   Required   Required   Resulting to the stimate sheet:   Thot enclosed    PO/WO no.   PO/WO date:    Remarks: Footh work, Tech beam, Reception, slows   Stocks    Approved by Project Manager   Approved by Design Team   Approved by M.D.    Date:   Date:   Date:   Date:	7.	3		3/4	- "	1,								
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estimate sheet:  PO/WO no.  Remarks: Ecoth work. Thath beam Rece column sleebs  sip to slab - Settlement.  Approved by Project Manager Approved by Design Team Approved by M.D.  Date:  Date:  Date:  Date:	Bill 1	required	□ YES □	₽ <b>N</b> 0.	1000	GST l	oill requir			NO.				
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Sign: Sign: Sign:	Date	: 0 1	)	Date:				Date:						
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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.

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