

Measurement Sheet

Company Name:

Project Name:

Work Description:

Contractor Name:

Prepared By:

Date:

Dr NRK Biotech pvt ltd

Nextopolis

Main block

Vasanthi Constructions

P Sai Kumar

29.08.23

Approved By:

Sign

Ramkrishan



S No.	Item Head	Item Description	Quantity	Units	Rate	Total amount
1	Main block	SouthEast OHT Bottom slab	471.67	sft	65	30,659
		Partition Beams slab	495.00	sft	65	32,175
		Lifting Charges	0.40			62,834
		Grand Total				25,133
						87,967

Measurement Sheet

Company Name: Dr NRR, Isolech Pvt Ltd
 Project Name: Nertropolis
 Work Description: Main block
 Contractor Name: Vasanthi Constructions
 Prepared By: P.Sai Kumar
 Date: 29.08.23

Approved By: 
 Sign

Rankinlam

S.No.	Item Head	Item Description	A Length	B Breadth	C Height	D No's	E=AxHxCxD Quantity	Units
1	Main block	South/East OHT Bottom slab	14.81	4.25	1.00	2.00	125.86	sft
		Beams	12.66	3.75	1.00	2.00	94.95	sft
			29.51	4.25	1.00	2.00	250.83	sft
							471.67	sft
		slab	15.00	33.00	1.00	1.00	495.00	sft

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

Sl. No. - site bills register		119		Date - site bills Register		29/8/23	
Company Name:		D. N. DE Biotech Pvt Ltd		Site:		Nertopalis	
Name of Contractor		Vasanthi Constructions					
Nature of work		Centering & Rod bending					
Work done		From Date		To Date			
Sl. No.	Villa/Flat/block no.	Qty.	Rate	Units	Amount	Contractors bill no	
1.	Main Block :-						
2.	SE CHIT bottom						
3.	slab partition						
4.	Beams	471.67	65	cft	30,659/-		
5.	slab	495	65	cft	32,175/-		
6.				Total	62,834/-		
7.	Add: Lifting charges 4%.			(+)	25,133/-		
8.				Grand total	87,967/-		
9.							
10.							
11.	Total:				87,967/-		
Bill required		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO.		GST bill required		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO.	
Measurement & estimate sheet:		<input type="checkbox"/> Required <input type="checkbox"/> Not required		Measurement & estimate sheet:		<input checked="" type="checkbox"/> Enclosed <input type="checkbox"/> Not enclosed	
PO/WO no.				PO/WO date:			
Remarks : <u>Work Completed</u>							
Approved by Project Manager		Approved by Design Team		Approved by M.D.			
Date:		Date:		Date:			
Sign:		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, such work, turnkey and contractors. 3. Wherever not applicable - fill NA. 4. Estimate and measurement sheets are not required for turnkey jobs where guideline rates are clearly given.

APPROVED BY
29 AUG 2023
RAM KISHAN
PROJECT MANAGER