| Company | M/s. AMTZ 3663 PVT. L | MEDPOLIS SQUARE TD | Name of contractor | AJ Surveyors | | Sl. No. site | bills reg. | | | |
|-------------------|--------------------------|--------------------------------------|--|---------------------------|----------------|-----------------------------|---------------------|--------------|--------|--|
| Project/site | AMS3663 AMS3663 | | Nature of work | Contour Survey | Contour Survey | | Dt. site bills reg. | | | |
| Block no. | | | Work done from date 07-08-2024 Work done to date 07-08-2024 | | | M-codex bill ID. WO issued? | | | | |
| WO no. | | | | | | | | - | | |
| WO date | | | Contractor bill no. | | | GST bill red | quired? | - | | |
| SL No. | Unit/floor no | | Details of work | | Qty | Units | Rate ID | Rate | Amount | |
| 1 | AMS3663 | Contour Survey | | | 1 | Per day | MIS152 | 5,000 | 5,000 | |
| | | | | | | | | | | |
| | | | | | | | | Total | 5,000 | |
| | | | | | | | Add GST @ | 0.00% | 0 | |
| | | | | | Total | amount inc | luding taxes for | or work done | 5,000 | |
| Remarks: | | | | | | | | | | |
| Approved by | y project manag | | Approved by QS team | | | Approved by | Director/E&D |) team | | |
| Sign: | A | Ciù | Sign: | | | Sign: | | | | |
| Date: | 74 | | Date: | | | Date: | | | | |
| Notes: 1. This sh | neet replaces installat | tion report and advice for credit to | contractors. 2. This word form must | he typed 3. Use this form | even if work o | rder is not issued | 1 14-1 | | | |

Notes: 1. This sheet replaces installation report and advice for credit to contractors. 2. This word form must be typed. 3. Use this form even if work order is not issued. 4. Attach measurement and estimate sheets only if required i.e., details cannot be entered above. 5. For bill amount greater than 10k QS manager and directors approval is required. 6. For bill amount less than 10k any QS team member may sign and in place of director sign of respective E&D member to be taken. 7. Director include – Soham, Anand Mehta (for GHT + GMR), Sachin (for Vivopolis), B. anand Kumar (for NGH + NRK), 8. Entry of rate ID is mandatory. 9. This sheet must be sent within 2 working days of work completion (with or without contractors bill). 10. Contractors to send scanned copy of bill to site and QS by email. 11. Contractors must submit original bills at HO (can be sent by courier).

APPROVED BY

1 3 SEP 2024

Srinivasan.R

Project Manager

Anx B - Work Completion Report

| STIMA | ATE SHEET | | | | Approx | ad by: | G-i-i | | | | | | |
|--|-----------|--|----------|---------|--------------|--------|--------------------|---------|--|--|--|--|--|
| Company Name: | | M/s. AMTZ MEDPOLIS SQUARE 4554 PVT. LTD. | | | Approved by: | | Srinivasan R | | | | | | |
| Project: Work Description: Prepared By | | AMS3663 | | | | | | | | | | | |
| | | Contour Survey PB Siva Kumar | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| S No. | Item Head | Item Description | Quantity | Units | Rate | Amount | Item Head Total | Remarks | | | | | |
| 1 | SURVEY | Contour Survey | 1 | Per day | 5,000 | 5,000 | 5000 | | | | | | |
| | | | | | | | | | | | | | |
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APPROVED BY

1 3 SEP 2024

Srinivasan.R

Project Manager

Anx B - Work Completion Report

| MEASURE | MENT SHEET | | | | | | | | | |
|-------------------|------------|--|--------|------------------|--------|---------------|-----------|---------|--------------------|--|
| Company Name: | | M/s. AMTZ MEDPOLIS SQUARE 3663 PVT. LTD. | | Approved by: | | Srinivasan I- | } | | | |
| Project: | | AMS4554 | | Sign: | | | | | | |
| Work Description: | | Contour Survey | | Work start date: | | 07-08-2024 | | | | |
| Contractor: | | AJ Surveyors | | Work end date: | | 07-08-2024 | | | | |
| Prepared By: | | PB Siva Kumar | | Date: | | 11-09-2024 | | | | |
| | | | A | В | C | D | E=AxBxCxD | F | G=Sum of E | |
| S No. | Item Head | Item Description | Length | Width | Height | Nos. | Quantity | Units | Item Head Total | |
| 1 | SURVEY | Contour Survey | | 1 | 1 | 1 1 | 1 | Per day | 1.000 | |
| | | | | | | | | | | |
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APPROVED BY

13 SEP 2024

Srinivasan.R

Project Manager

AJ SURVEYORS

TS & DGPS SURVEYS & AUTOCAD DRAWINGS

PH: 8466840064

Gmail:ajisha962@gmail.com

REPORT

Date: 04-09-2024, Visakhapatnam.

TO THE MANAGER, AMTZ MEDPOLIS SQUARE 3663 PVT.LTD.

Sir,

As per today (07-08-2024) site visit, we checked all levels boundaries and coordinates and work survey measurements checked and format ok.

| S.NO | DESCRIPTION | UOM | Qty | Rate/day | Amount |
|------|----------------------|-----|-----|----------|---------|
| 1 | GRID AND CONTOUR | | | | 5000 /- |
| | five thousand Rupees | | | | 5000/- |

Bank details

Account Holder Name AJ SURVEYORS Account number 1018102000013208 Bank Name IDBI BANK IFSC CODE IBKL0001018

Pan number DYRPS6284N

Thanks & regards,

SK.AJISHA

D no-16-195, Arilova colony, Visakhapatnam.

APPROVED BY

11 SEP 2024

Srinivasan.R

Project Manager