

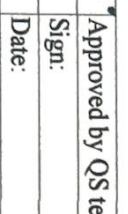


Company	MANILAL C MODI MEMORIAL	Name of contractor	Y Eshwar rao	Sl. No. site bills reg.	422			
Project/site	MCMET	Nature of work	Scaffolding	Dt. site bills reg.	20-01-2025			
Block no.	A	Work done from date	15-12-2024	M-codex bill ID.				
WO no.	NA	Work done to date	12-01-2025	WO issued ?	NO			
WO date	NA	Contractor bill no.		GST bill required?	NO			
Sl. No.	Unit/Floor no	Details of work	Qty	Units	Rate ID	Rate	Amount	
1	LIFT SHAFT	Lift scaffolding four sides with ms pipe and couplers	8,640.00	SFT	SCF111	2.50	21,600	
2		double steps						
3								
4								
5								
6								
7								
8								
9								
10								
11								
Total							21,600	
Add GST @ 0.00%							0	
Total amount including taxes for work done							21,600	
Remarks:	0	APPROVED BY 20 JAN 2025						
Approved by project manager		Approved by QS team		Approved by Director/E&D team				
Sign:		Sign:		Sign:				
Date:		Date:		Date:				

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).

ESTIMATE						
COMPANY NAME		MANILAL C MODI MEMORIAL HOSPITAL	APPROVED BY			
PROJECT		MCMET	SIGN:			
WORK DISCRPTION		Scaffolding				
PREPARED BY		Sarwar				
DATE		20-01-2025				
CONTRACTOR NAME		Y Eshwar rao				
			A		B	A X B
SL NO	ITEM HEAD	ITEM DISCRPTION	QUANTITY	UNITS	RATE	AMOUNT
1	LIFT SHAFT	Lift scaffolding four sides with ms pipe and couplers	8,640.00	sft	2.50	21,600
3		double steps				
4						-
5						-
					Total	21,600

MEASUREMENT SHEET										
COMPANY NAME		MANILAL C MODI MEMORIAL HOSPITAL				APPROVED BY				
PROJECT		MCMET				SIGN:				
WORK DESCRIPTION		Scaffolding								
PREPARED BY		Sarwar								
DATE		20-01-2025								
CONTRACTOR NAME		Y Eshwar rao								
SL NO	ITEM HEAD	ITEM DESCRIPTION				A	B	C	D=AxBxCxD	F
		LENGTH	WIDTH	HEIGHT	NOS	QUANTITY	UNITS			
1	LIFT SHAFT	36.00	1.00	60.00	4.00	8,640.00	sft			
2		Lift scaffolding four sides with ms pipe and couplers								
3		double steps								
4										
5										
Total						8,640.00				

Allowance For Equipment
Y Eshwar rao
MUHARPALLY
Hyderabad

Date 20-01-2025

In favor of : MANILAL C MODI MEMORIAL HOSPITAL
Project/Site: MCMET
Location: MUHARPALLY

Type of Work: Scaffolding

Towards : Allowance For Equipment

S.No.	Discription	Amount
1	Breif discription of work done: Towards doing scaffolding work	8,640
	Total amount: 21,600	

Amount in Word: Eight thousands six hundred fourty rupees only/-

Sign: _____

Labour Charges
Y Eshwar rao
MUHARPALLY
Hyderabad

Date 20-01-2025

In favor of : MANILAL C MODI MEMORIAL HOSPITAL
Project/Site: MCMET
Location: MUHARPALLY

Type of Work: Scaffolding

Towards : Labour Charges

S.No.	Discription	Amount
1	Breif discription of work done: Towards doing scaffolding work	8,640
	Total amount: 21,600	

Amount in Word: Eight thousands six hundred fourty rupees only/-

Sign: _____

Allowance For Consumables
Y Eshwar rao
MUHARPALLY
Hyderabad

Date 20-01-2025

In favor of : MANILAL C MODI MEMORIAL HOSPITAL
Project/Site: MCMET
Location: MUHARPALLY

Type of Work: Scaffolding

Towards : Allowance For Consumables

S.No.	Discription	Amount
1	Breif discription of work done: Towards doing scaffolding work	4,320
	Total amount: 21,600	

Amount in Word: Four thousand three hundred twenty rupees only/-

Sign: _____