

| Company | MANILAL C MODI MEMORIAL | Name of contractor | O venkanna | Sl. No. site bills reg. | 927 | | |
|---|-------------------------|---|-------------------------------|-------------------------|------------|---|-----------------|
| Project/site | MCMET | Nature of work | Rock cutting | Dt. site bills reg. | 24-02-2025 | | |
| 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 | Rock cutting | Misceanoious bill made for rock cutting work done | 1.00 | nos | NA | 1,09,994.00 | 1,09,994 |
| 2 | | | | | | | |
| 3 | | | | | | | |
| 4 | | | | | | | |
| 5 | | | | | | | |
| 6 | | | | | | | |
| 7 | | | | | | | |
| 8 | | | | | | | |
| 9 | | | | | | | |
| 10 | | | | | | | |
| 11 | | | | | | | |
| | | | | | | Total | 1,09,994 |
| | | | | | | Add GST @ | 0.00% |
| | | | | | | Total amount including taxes for work done | 1,09,994 |
| Remarks: | 0 | | | | | | |
| Approved by project manager | Approved by QS team | | Approved by Director/E&D team | | | | |
| Sign: | Sign: | | Sign: | | | | |
| Date: | Date: | | Date: | | | | |
| <p>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. If 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, Manish 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).</p> | | | | | | | |

APPROVED BY
 24 FEB 2025
 SOHAM MEHTA
 PROJECT MANAGER

| ESTIMATE | | | | | | |
|-----------------|--------------|--|-------------|-------|--------------|-----------------|
| COMPANY NAME | | MANILAL C MODI MEMORIAL HOSPITAL | APPROVED BY | | | |
| PROJECT | | MCMET | SIGN: | | | |
| WORK DISCRPTION | | Rock cutting | | | | |
| PREPARED BY | | Sarwar | | | | |
| DATE | | 24-02-2025 | | | | |
| CONTRACTOR NAME | | O venkanna | | | | |
| | | | A | B | A X B | |
| SL NO | ITEM HEAD | ITEM DISCRPTION | QUANTITY | UNITS | RATE | AMOUNT |
| 1 | Rock cutting | Misceanlloius bill made for rock cutting work done | 1.00 | nos | 1,09,994.00 | 1,09,994 |
| 3 | | | | | | |
| 4 | | | | | | - |
| 5 | | | | | | - |
| | | | | | Total | 1,09,994 |

MEASUREMENT SHEET

| | | | | | | | | | |
|-----------------|----------------------------------|--|--|--|--|--|--|--|--|
| COMPANY NAME | MANILAL C MODI MEMORIAL HOSPITAL | | | | | | | | |
| PROJECT | MCMET | | | | | | | | |
| WORK DISCRPTION | Rock cutting | | | | | | | | |
| PREPARED BY | Sarwar | | | | | | | | |
| DATE | 24-02-2025 | | | | | | | | |
| CONTRACTOR NAME | O venkanna | | | | | | | | |

APPROVED BY
SIGN:

| SL NO | ITEM HEAD | ITEM DISCRPTION | A LENGTH | B WIDTH | C HEIGHT | D NOS | E =AxBxCxD QUANTITY | F UNITS |
|-------|--------------|--|-------------|------------|-------------|----------|---------------------------|------------|
| 1 | Rock cutting | Misceanlloius bill made for rock cutting work done | 1.00 | 1.00 | 1.00 | 1.00 | 1.00 | nos |
| 2 | | | | | | | | |
| 3 | | | | | | | | |
| 4 | | | | | | | | |
| 5 | | | | | | | | |
| | | | | | Total | | 1.00 | |

Allowance For Consumables

O venkanna
MUHARPALLY
Hyderabad

Date 24-02-2025

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

Type of Work: Rock cutting

Towards : Allowance For Consumables

| S.No. | Discription | Amount |
|-------|---|--------|
| 1 | Breif discription of work done: Towards doing rock cutting work | 21,999 |
| | Total amount: 1,09,994 | |

Amount in Word: Twenty one thousand nine hundred ninty nine rupees only/-

Sign: _____

Allowance For Equipment
O venkanna
MUHARPALLY
Hyderabad

Date 24-02-2025

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

Type of Work: Rock cutting

Towards : Allowance For Equipment

| S.No. | Discription | Amount |
|-------|---|--------|
| 1 | Breif discription of work done: Towards doing rock cutting work | 43,998 |
| | Total amount: 1,09,994 | |

Amount in Word: Forty three thousands nine hundred ninty eight rupees only/-

Sign: _____

Labour Charges
O venkanna
MUHARPALLY
Hyderabad

Date 24-02-2025

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

Type of Work: Rock cutting

Towards : Labour Charges

| S.No. | Discription | Amount |
|-------|---|--------|
| 1 | Breif discription of work done: Towards doing rock cutting work | 43,998 |
| | Total amount: 1,09,994 | |

Amount in Word: Forty three thousands nine hundred ninty eight rupees only/-

Sign: _____