

Company	MANILAL C MODI MEMORIAL	Name of contractor	Mohammed Moiz kl	Sl. No. site bills reg.	429		
Project/site	MCMET	Nature of work	plumbing	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	Plumbing	Miscellaneous bill made for plumbing work done	1.00	nos	NA	2,500.00	2,500
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
						Total	2,500
						Add GST @	0.00%
						Total amount including taxes for work done	2,500
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 enables installation of work and advice for credit to contractors. 2. This work 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 GHP, 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

SACHIN KUMAR
ASST. PROJECT MGR
GHP

ESTIMATE		MANILAL C MODI MEMORIAL HOSPITAL		APPROVED BY		
COMPANY NAME		MCMET		SIGN:		
PROJECT		plumbing				
WORK DISCRPTION		Sarwar				
PREPARED BY		24-02-2025				
DATE		Mohammed Moiz khan				
CONTRACTOR NAME						
SL NO	ITEM HEAD	ITEM DISCRPTION	QUANTITY	UNITS	RATE	AMOUNT
1	Plumbing	Misceantlous bill made for plumbing work done	1.00	nos	2,500.00	2,500
3						
4						
5						
Total						2,500

MEASUREMENT SHEET								
COMPANY NAME		MANILAL C MODI MEMORIAL HOSPITAL			APPROVED BY			
PROJECT		MCMET			SIGN:			
WORK DISCRIPTION		plumbing						
PREPARED BY		Sarwar						
DATE		24-02-2025						
CONTRACTOR NAME		Mohammed Moiz khan						
SL NO	ITEM HEAD	ITEM DISCRIPTION	A LENGTH	B WIDTH	C HEIGHT	D ₁ =AxBxCxD NOS	F QUANTITY	F UNITS
1	Plumbing	Misceannloius bill made for plumbing work done	1.00	1.00	1.00	1.00	1.00	nos
2								
3								
4								
5								
				Total			1.00	

Allowance For Equipment
Mohammed Moiz khan
MUHARPALLY
Hyderabad

Date 24-02-2025

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

Type of Work: plumbing

Towards : Allowance For Equipment

S.No.	Discription	Amount
1	Breif discription of work done: Towards doing plumbing work	1,000
	Total amount: 2,500	

Amount in Word: Four thousands rupees only/-

Sign: _____

Labour Charges
Mohammed Moiz khan
MUHARPALLY
Hyderabad

Date 24-02-2025

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

Type of Work: plumbing

Towards : Labour Charges

S.No.	Discription	Amount
1	Breif discription of work done: Towards doing plumbing work	1,000
	Total amount: 2,500	

Amount in Word: One thousands rupees only/-

Sign: _____

Allowance For Equipment
Mohammed Moiz khan
MUHARPALLY
Hyderabad

Date 24-02-2025

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

Type of Work: plumbing

Towards : Allowance For Equipment

S.No.	Discription	Amount
1	Breif discription of work done: Towards doing plumbing work	1,000
	Total amount: 2,500	

Amount in Word: One thousands rupees only/-

Sign: _____