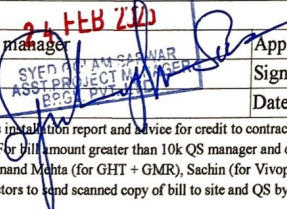
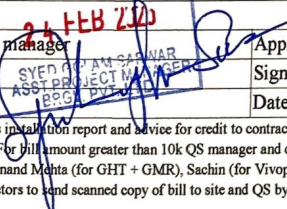
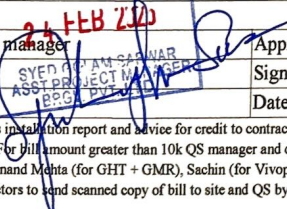


Company	MANILAL C MODI MEMORIAL		Name of contractor	K kamlesh kumar	Sl. No. site bills reg.	431	
Project/site	MCMET		Nature of work	Carpenter	Dt. site bills reg.	24-02-2025	
Block no.	A		Work done from date	15-12-2024	M-codex bill ID.		
WO no.	NA		Work done to date	12-01-2025	WO issued ?	NO	
WO date	NA		Contractor bill no.		GST bill required?	NO	
Sl. No.	Unit/floor no	Details of work	Qty	Units	Rate ID	Rate	Amount
1	Carpentry	Misceannloius bill made for carpentry work done	1.00	nos	NA	3,000.00	3,000
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
						Total	3,000
						Add GST @	0.00%
						Total amount including taxes for work done	3,000
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. 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 Mehra (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>							

ESTIMATE						
COMPANY NAME	MANILAL C MODI MEMORIAL HOSPITAL	APPROVED BY				
PROJECT	MCMET	SIGN:				
WORK DISCRIPTION	Carpenter					
PREPARED BY	Sarwar					
DATE	24-02-2025					
CONTRACTOR NAME	K kamlesh kumar					
		A	B	A X B		
SL NO	ITEM HEAD	ITEM DISCRIPTION	QUANTITY	UNITS	RATE	AMOUNT
1	Carpentry	Misceanlloius bill made for carpentry work done	1.00	nos	3,000.00	3,000
3						
4						-
5						-
					Total	3,000

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

Allowance For Consumables
K kamlesh kumar
MUHARPALLY
Hyderabad

Date 24-02-2025

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

Type of Work: Carpenter

Towards : Allowance For Consumables

S.No.	Discription	Amount
1	Breif discription of work done: Towards doing plumbing work	600
	Total amount: 3,000	

Amount in Word: six hundred rupees only/-

Sign: _____

Labour Charges
K kamlesh kumar
MUHARPALLY
Hyderabad

Date 24-02-2025

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

Type of Work: Carpenter

Towards : Labour Charges

S.No.	Discription	Amount
1	Breif discription of work done: Towards doing plumbing work	1,200
	Total amount: 3,000	

Amount in Word: One thousands two hundred rupees only/-

Sign: _____

Allowance For Equipment
K kamlesh kumar
MUHARPALLY
Hyderabad

Date 24-02-2025

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

Type of Work: Carpenter

Towards : Allowance For Equipment

S.No.	Discription	Amount
1	Breif discription of work done: Towards doing plumbing work	1,200
	Total amount: 3,000	

Amount in Word: One thousands two hundred rupees only/-

Sign: _____