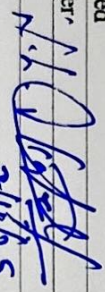


| Company | M/s. AMTZ MEDPOLIS SQUARE 801 PVT. LTD | Name of contractor | pryanke devi | Sl. No. site bills reg. | 18-03-2025 | | | |
|---|---|---------------------|---------------------|-------------------------|-------------------------------|---------|------|---------------|
| Project/site | AMSS801 | Nature of work | granite | Dr. site bills reg. | | | | |
| Block no. | AMSS801 | Work done from date | 13-02-2025 | M-codex bill ID. | | | | |
| W/O no. | | Work done to date | 18-03-2025 | W/O issued ? | YES | | | |
| W/O date | | Contractor bill no. | | GST bill required? | YES | | | |
| Prepare by: | Sultan | | | | | | | |
| Sl. No. | Unit/floor no | Details of work | | Qty | Units | Rate ID | Rate | Amount |
| 1 | AMSS801 | | | | | | | |
| 2 | | chanfering | | 520 | ft | TF215 | 15 | 7,800 |
| 3 | | polish | | 520 | ft | TF225 | 18 | 9,360 |
| 4 | | | | | | | | |
| 5 | | | | | | | | |
| 6 | | | | | | | | |
| 7 | | | | | | | | |
| 8 | | | | | | | | |
| 9 | | | | | | | | |
| 10 | | | | | | | | |
| 11 | | | | | | | | |
| 12 | | | | | | | | |
| 13 | | | | | | | | |
| Total | | | | | | | | 17,160 |
| Add GST @ | | | | | | | | 0 |
| Total amount including taxes for work done | | | | | | | | 17,160 |
| Remarks: | Work completed | | Approved by QS team | | Approved by Director/E&D team | | | |
| Sign: |  | | Sign: | | Sign: | | | |
| Date: | 2/14/25 | | 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 Mehla (for GHT + GMR), Sachin (for Viropods), B. anand Kumar (for NGH + NRS), 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).

| S No. | Item Head | Item Description | Length | Width | Height | Nos. | Quantity | Units |
|--------------------------|--|-----------------------------|------------------|--------------|--------------------|-------------|-----------------|--------------|
| MEASUREMENT SHEET | | | | | | | | |
| Company Name: | M/s. AMITZ MEDPOLIS SQUARE 801 PVT. L.TD | | Approved by: | | N. Leela Venkatesh | | | |
| Project: | AMSS801 | | Sign: | | | | | |
| Work Description : | granite work | | Work start date: | | 18-03-2025 | | | |
| Contractor: | janardan prasad | | Work end date: | | 18-03-2025 | | | |
| Prepared By: | Sultan ahi | | Date : | | 05-04-2025 | | | |
| | | | A | B | C | D | E=AxBxCxD | F |
| S No. | Item Head | Item Description | Length | Width | Height | Nos. | Quantity | Units |
| 1 | Granite work | fire door soffit chamfering | 52.00 | 1.00 | 1.00 | | 520 | sq ft |
| | | polish | 52.00 | 1.00 | 1.00 | | 520 | sq ft |

