

Anx B – Work Completion Report

Company	Manilal Modi Memorial Hospital		Name of contractor	M.Lalitha		Sl. No. site bills reg.	447		
Project/site	MCMET		Nature of work	Painting		Dt. site bills reg.	24-05-2025		
Block no.	Lifts		Work done from date	28-04-2025					
WO no.			Work done to date	10-05-2025					
WO date			Contractor bill no.			GST bill required?			
Sl. No.	Unit/floor no	Details of work		Qty	Units	Rate ID	Rate	Amount	
1	Lift-1	primer+1 coat paint		2585.17	sft	PT102,PT103	4.00	10,341	
2	Lift-2	primer+1 coat paint		2585.17	sft	PT102,PT103	4.00	10,341	
3	2 Lifts ISMC chanel's	primer+1 coat paint		542.58	sft	PT118,PT119	8.00	4,341	
4	1st floor ECG room for cliet office	1 coat paint		518.94	sft	PT103	2.25	1,168	
5	1st floor consultation room for client office	1 coat paint		428.30	sft	PT103	2.25	964	
Total amount including taxes for work done							27,153		
Remarks:									
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									

[illegible]

[illegible]

Labour Charges
M.Lalitha
MUHARPALLY
Hyderabad

Date: 24-05-2025

In favor of : Manilal Modi Memorial Hospital
Project/Site: MCMET
Location: MUHARPALLY

Type of Work: Painting

Towards : Labour Charges

S.No.	Discription	Amount
1	Breif discription of work: Towards lifts and client office painting work Total amount: 27,153.00	10,861.20

Amount in words: Ten thousand eight hundred sixty one rupess only /-

Sign: _____

Allowance For Consumables
M.Lalitha
MUHARPALLY
Hyderabad

Date: 24-05-2025

In favor of : Manilal Modi Memorial Hospital
Project/Site: MCMET
Location: MUHARPALLY

Type of Work: Painting

Towards Allowance For Consumables

S.No.	Discription	Amount
1	Breif discription of work: Towards lifts and client office painting work Total amount: 27,153.00	5,430.60

Amount in Word: Five thosand four hundred thirty rupees only /-

Sign: _____

Allowance For Equipment
M.Lalitha
MUHARPALLY
Hyderabad

Date: 24-05-2025

In favor of : Manilal Modi Memorial Hospital
Project/Site: MCMET
Location: MUHARPALLY

Type of Work: Painting

Towards : Allowance For Equipment

S.No.	Discription	Amount
1	Breif discription of work: Towards lifts and client office painting work	10,861.20
	Total amount:	27,153.00

Amount in Word: Ten thousand eight hundred sixty one rupess only /-

Sign: _____