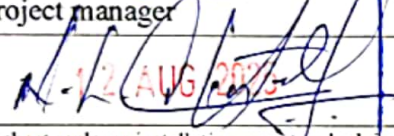
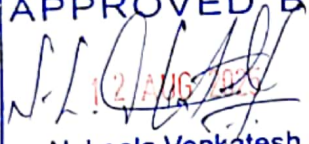


Anx B – Work Completion Report

Company		AMTZ Medpolis Square 4554 Pvt Ltd		Name of contractor		Amit		Sl. No. site bills reg.		80	
Project/site		AMS4554		Nature of work		Painting		Dt. site bills reg.		12-08-2025	
Block no.		AMS4554		Work done from date		01-08-2025		M-codex bill ID.			
WO no.		NA		Work done to date		02-08-2025		WO issued ?		NA	
WO date		NA		Contractor bill no.		NA		GST bill required?		NA	
Sl. No.	Unit/floor no	Details of work				Qty	Units	Rate ID	Rate	Amount	
1	AMS4554/L.stilt	Scaffolding Signature Marking				3200	No,s	PT162	5	16,000	
										16,000	
Add GST @										0%	
Total amount including taxes for work done										16,000	
Remarks:											
Approved by		APPROVED BY  N. Leela Venkatesh 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 initials – Sachin Anand Melita (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).											



ESTIMATE SHEET						Approved by:	N. Leela Venkatesh	
Company Name:		AMTZ Medpolis Square 4554 Pvt Ltd						
Project:		AMS4554						
Work Description:		Scaffolding Signature Marking						
Prepared By		T.Divya Kanth						
Date:		12-08-2025						
S No.	Item Head	Item Description	Quantity	Units	Rate	Amount	Item Head Total	Remarks
1	Painting	1.2 Meter Ledgers	1035.00	No.s	5	5,175	5,175	
		2 Meter Ledegers	1490.00	No.s	5	7,450	7,450	
		3 Meter Verticals	675.00	No.s	5	3,375	3,375	
						Total	16,000	

APPROVED BY

12 AUG 2025
N. Leela Venkatesh
Project Manager

APPROVED BY
N. Leela Venkatesh
Project Manager

Allowance For Equipment
AMIT
AMTZ
Visakhapatnam

Date: 12-08-2025

In favor of : M/s. AMTZ MEDPOLIS SQUARE 4554 PVT. LTD.
Project/Site: AMS4554
Location: Visakhapatnam

Type of Work: Painting

Towards : Signature Mark Painting

S.No.	Description	Amount
1	Scaffolding Signature Marking	16,000.00
Total amount:		16,000.00

Amount in words: Sixteen Thousand Only.

Sign: _____



Labour Charges
AMIT
AMTZ
Visakhapatnam

Date: 12-08-2025

In favor of : M/s. AMTZ MEDPOLIS SQUARE 4554 PVT. LTD.
Project/Site: AMS4554
Location: Visakhapatnam

Type of Work: Painting

Towards : Signature Mark Painting

S.No.	Description	Amount
1	Scaffolding Signature Marking	16,000.00
Total amount:		16,000.00

Amount in words: Sixteen Thousand Only.

Sign: _____



Allowance For Consumables
AMIT
AMTZ
Visakhapatnam

Date: 12-08-2025

In favor of : M/s. AMTZ MEDPOLIS SQUARE 4554 PVT. LTD.
Project/Site: AMS4554
Location: Visakhapatnam

Type of Work: Painting

Towards Signature Mark Painting

S.No.	Description	Amount
1	Breif description of work: Scaffolding Signature Marking	
		16,000.00
	Total amount:	16,000.00

Amount in Word: Sixteen Thousand only.

Sign: _____

