

Anx B – Work Completion Report

[illegible]

MEASUREMENT SHEET

Company Name:		Manilal Modi Memorial		Approved by:		Sai kumar Reddy			
Project:		MCMET		Sign:					
Work Description :		Granite		Work start date:		22-10-2025			
Contractor:		Tara chand		Work end date:		28-11-2025			
Prepared By:		K.Praveen		Date :		15-12-2025			
			A	B	C	D	E=AxBxCxD	F	G= Sum of F
S No.	Item Head	Item Description	Length	Width	Height	No's	Quantity	units	Item Head Total
	MCMET								
1	1st to 4th floor	Ledge wall top granite laying work	4.50	1.00	1.00	43.00	193.50	rft	
		chamfering & polishing	5.00	1.00	1.00	43.00	215.00	rft	
2	1st to 4th floor	Granite patti with molding for wet area	6.50	1.00	1.00	28.00	182.00	rft	
3	1st to 4th floor	Granite patti infront of door	2.00	1.00	1.00	86.00	172.00	sft	
		chamfering & polishing	2.00	1.00	1.00	86.00	172.00	rft	

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Labour Charges
Tara chand
MUHARPALLY
Hyderabad

Date: 23-12-2025

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

Type of Work: Granite

Towards : Labour Charges

S.No.	Discription	Amount
1	Breif discription of work: Towards toilets granite work	7,287,60
	Total amount: 18,219.00	

Amount in words: Seven thousand two hundred eighty seven rupees only/-

Sign: _____

Allowance For Consumables

Tara chand
MUHARPALLY
Hyderabad

Date: 23-12-2025

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

Type of Work: Granite

Towards Allowance For Consumables

S.No.	Discription	Amount
1	Breif discription of work: Towards toilets granite work	3,643,80
	Total amount: 18,219.00	

Amount in Words: Three thousand six hundred fourty three rupees only/-

Sign: _____

Allowance For Equipment
Tara chand
MUHARPALLY
Hyderabad

Date: 23-12-2025

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

Type of Work: Granite

Towards : Allowance For Equipment

S.No.	Discription	Amount
1	Breif discription of work: Towards toilets granite work	7,287,60
	Total amount: 18,219.00	

Amount in Word: Seven thousand two hundred eighty seven rupees only/-

Sign: _____