

Ann B – Work Completion Report

Company	AMTZ Medpolis Square 4554 Pvt Ltd	Name of contractor	Harish	Sl. No. site bills reg.	280								
Project/site	AMMS4554	Nature of work	Scaffolding work	Dt. site bills reg.	28-01-2026								
Block no.	AMMS4554	Work done from date	23-12-2025	M-codex bill ID.									
WO no.	NA	Work done to date	24-01-2026	WO issued ?	No								
WO date	NA	Contractor bill no.	NA	GST bill required?	No								
Sl. No.	Unit/floor no	Details of work	Qty	Units	Rate ID	Rate	Amount						
1	AMS 4554	North Elevation Structural glazing area scaffolding removing in between N2-N10, N9-N8, N11-N7, N7-N1 ducts	5488	Sft		2.0	10,976						
2	AMS 4554	North Elevation Structural glazing area scaffolding removing in between N10-N9 ducts	980	Sft		2.0	1,960						
3	AMS 4554	Scaffolding tying & removing in west balcony for glass fixing	300	Sft		5.5	1,650						
4	AMS 4554	Scaffolding removing & tying on Upper stilt ramp for painting work	1848	Sft		5.5	10,164						
						24,750							
Total amount including taxes for work done													
<p>Remarks: APPROVED BY</p> <table border="1"> <tr> <td>Approved by project manager</td> <td>Approved by QS team</td> </tr> <tr> <td>Sign: </td> <td>Sign: </td> </tr> <tr> <td>Date: </td> <td>Date: </td> </tr> </table> <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. Directors include <u>Shrikant Mehta, Anand Mehta (for GHT + GMR), Sachin (for Vivopolis), B. anand Kumar (for NGH + NRRK)</u>. 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>								Approved by project manager	Approved by QS team	Sign: 	Sign: 	Date: 	Date: 
Approved by project manager	Approved by QS team												
Sign: 	Sign: 												
Date: 	Date: 												

卷之二

MEASUREMENT SHEET

Allowance For Equipment

Harish

AMTZ

Visakhapatnam

Date: 28-01-2026

In favor of : M/s. AMTZ MEDPOLIS SQUARE 4554 PVT. LTD.

Project/Site: AMS4554

Location: Visakhapatnam

Type of Work: Scaffolding Work

Towards : Allowance For Equipment

S.No.	Description	Amount
1	Scaffolding tying & removing	9,900.00
	Total amount:	24,750.00

Amount in word: Nine Thousand Nine Hundred Rupees Only /-

Sign: _____

Labour Charges
Harish
AMTZ
Visakhapatnam

Date: 28-01-2026

In favor of : M/s. AMTZ MEDPOLIS SQUARE 4554 PVT. LTD

Project/Site: AMS4554

Location: Visakhapatnam

Type of Work: Scaffolding Work

Towards : Labour Charges

S.No.	Description	Amount
1	Scaffolding tying & removing	9,900.00
Total amount:		24,750.00

Amount in word: Nine Thousand Nine Hundred Rupees Only /-

Sign: _____

Allowance For Consumables
Harish
AMTZ
Visakhapatnam

Date: 28-01-2026

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

Type of Work: Scaffolding Work

Towards Allowance For Consumables

S.No.	Description	Amount
1	Scaffolding tying & removing	4,950.00
	Total amount:	24,750

Amount in word: Four Thousand Nine Hundred Fifty Rupees Only /-

Sign: _____