

**Quality Control Check Report. Stage: After Plastering (Apartments)**

165

Company	PMB	Project	PMR	Phase	I
Prepared by	V. Ramesh Reddy	Sign		Date	29/10/09
Project Manager	Subba Reddy	Sign		Date	29/10/09
Apartment No	3C-105	Other		Other	
Receipt at HO date	2.11.09	Copy sent to site on	2.11.09	Sign	K. Anur
Checked By MD on	16/11/09	MD Sign		For filling	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Inspection should be done after:

- brickwork & 2 coats plastering is completed
- electrical conduct & plumbing work is completed
- water proofing is completed
- after cleaning the apartment.
- before starting painting, tiling & flooring.

Brickwork Check.

Notes:

1. Mark ✓ for correct or minor mistake which does not require correction
2. Mark ✗ for minor mistake that requires minor correction.
3. Mark ✗✗ for major mistake that requires correction by replacement or re-fixing.
4. Mark ✗✗✗ for major mistake that cannot be corrected.
5. 9" unplastered area from SFL should be left including in common areas and terraces.
6. Windows must be checked with templates. Tolerance ¼".
7. Location of CP & PVC fittings must be checked as per measurements given in circular. Tolerance 1".
8. Location, height and spirit level of electrical points must be checked as per measurements given in circular & plan. Tolerance 1".
9. Provision of tiles in bathrooms, kitchen & wash areas (rough plastering).
10. Check size of sink bowl. Hole should be 1" to 2" larger. (Tolerance: 1")
11. All doors frames should have ½" grooves.

**Quality Control Check Repot.      Stage: After Plastering (Apartments)**

S No	Room	Skirting Provision <sup>5</sup> (✓ or ✗)	Window check <sup>6</sup> (✓ or ✗)	CP & PVC Check <sup>7</sup> (✓ or ✗)	Electrical points check <sup>8</sup> (✓ or ✗)	Tiles provision <sup>9</sup> (✓ or ✗)	Sink provision & size <sup>10</sup> (✓ or ✗)	Grooves for door frames <sup>11</sup> (✓ or ✗)					
1	Bedroom 1	✓	✓	✓	✓	✓	✓	✓					
2	Toilet 1	✓	✓	✓	✓	✓	✓	✓					
3	Bedroom 2												
4	Toilet 2												
5	Bedroom 3												
6	Toilet 3												
9	Drawing	✓	✓	✓	✓	✓	✓	✓					
10	Dining	✓	✓	✓	✓	✓	✓	✓					
11	Lobby 1												
13	<del>Utility</del> / balcony 1	✓	✓	✓	✓	✓	✓	✓					
14	Utility / balcony 2												
15	Utility / balcony 3												
17	Kitchen	✓	✓	✓	✓	✓	✓	✓					
18	Other												
19	Other												
Remarks													

**Quality Control Check Report. Stage: After Plastering (Apartments)**

173

Company	PMB	Project	PMR	Phase	I
Prepared by	V. Ramesh Reddy	Sign		Date	29/10/09
Project Manager	Subba Reddy	Sign		Date	29/10/09
Apartment No	3C-308	Other		Other	
Receipt at HO date	2-11-09	Copy sent to site on	2-11-09	Sign	
Checked By MD on	10/11/09	MD Sign		For filling	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Inspection should be done after:

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- electrical conduct & plumbing work is completed
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9. Provision of tiles in bathrooms, kitchen & wash areas (rough plastering).
10. Check size of sink bowl. Hole should be 1" to 2" larger. (Tolerance: 1")
11. All doors frames should have ½" grooves.

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1	Bedroom 1	✓	✓	✓	✓	✓	✓	✓					
2	Toilet 1	✓	✓	✓	✓	✓	✓	✓					
3	Bedroom 2												
4	Toilet 2												
5	Bedroom 3												
6	Toilet 3												
9	Drawing	✓	✓	✓	✓	✓	✓	✓					
10	Dining												
11	Lobby 1												
13	Utility / balcony 1	✓	✓	✓	✓	✓	✓	✓					
14	Utility / balcony 2												
15	Utility / balcony 3												
17	Kitchen	✓	✓	✓	✓	✓	✓	✓					
18	Other												
19	Other												
Remarks													



**Quality Control Check Report. Stage: After Plastering (Apartments)**

172

Company	PMB	Project	DMR	Phase	I
Prepared by	V. Ramnath Reddy	Sign		Date	29/10/09
Project Manager	Subba Reddy	Sign		Date	29/10/09
Apartment No	3C-208	Other		Other	
Receipt at HO date	2.11.09	Copy sent to site on	2.11.09	Sign	
Checked By MD on	16/11/09	MD Sign		For filling	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Inspection should be done after:

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- water proofing is completed
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1	Bedroom 1	✓	✓	✓	✓	✓	✓	✓					
2	Toilet 1	✓	✓	✓	✓	✓	✓	✓					
3	Bedroom 2												
4	Toilet 2												
5	Bedroom 3												
6	Toilet 3												
9	Drawing	✓	✓	✓	✓	✓	✓	✓					
10	Dining												
11	Lobby 1												
13	Utility / balcony 1	✓	✓	✓	✓	✓	✓	✓					
14	Utility / balcony 2												
15	Utility / balcony 3												
17	Kitchen	✓	✓	✓	✓	✓	✓	✓					
18	Other												
19	Other												
Remarks													

**Quality Control Check Report. Stage: After Plastering (Apartments)**

171

Company	PMB	Project	PMB	Phase	I
Prepared by	V. Ramulu Reddy	Sign	[Signature]	Date	29/10/09
Project Manager	Subba Reddy	Sign	[Signature]	Date	29/10/09
Apartment No	3C-102	Other		Other	
Receipt at HO date	2.11.09	Copy sent to site on	2.11.09	Sign	[Signature]
Checked By MD on	10/11/09	MD Sign	[Signature]	For filling	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Inspection should be done after:

- brickwork & 2 coats plastering is completed
- electrical conduct & plumbing work is completed
- water proofing is completed
- after cleaning the apartment.
- before starting painting, tiling & flooring.

Brickwork Check.

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10. Check size of sink bowl. Hole should be 1" to 2" larger. (Tolerance: 1")
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**Quality Control Check Repot.**

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1	M Bedroom 1	✓	✓	✓	✓	✓	✓	✓					
2	M Toilet 1	✓	✓	✓	✓	✓	✓	✓					
3	C Bedroom 2	✓	✓	✓	✓	✓	✓	✓					
4	C Toilet 2	✓	✓	✓	✓	✓	✓	✓					
5	Bedroom 3												
6	Toilet 3												
9	Drawing	✓	✓	✓	✓	✓	✓	✓					
10	Dining	✓	✓	✓	✓	✓	✓	✓					
11	Lobby 1												
13	Utility / balcony 1	✓	✓	✓	✓	✓	✓	✓					
14	Utility / balcony 2	✓	✓	✓	✓	✓	✓	✓					
15	Utility / balcony 3												
17	Kitchen	✓	✓	✓	✓	✓	✓	✓					
18	Other												
19	Other												
Remarks													

**Quality Control Check Report. Stage: After Plastering (Apartments)**

170

Company	PMB	Project	PMR	Phase	I
Prepared by	V. Ramesh Reddy	Sign		Date	29/10/09
Project Manager	Subba Reddy	Sign		Date	29/10/09
Apartment No	3C-302	Other		Other	
Receipt at HO date	2.11.09	Copy sent to site on	2.11.09	Sign	
Checked By MD on	10/12/09	MD Sign		For filling	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Inspection should be done after:

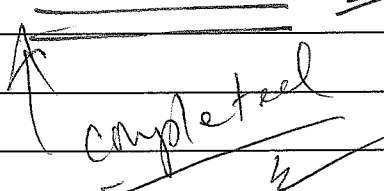
- brickwork & 2 coats plastering is completed
- electrical conduct & plumbing work is completed
- water proofing is completed
- after cleaning the apartment.
- before starting painting, tiling & flooring.

Brickwork Check.

Notes:

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8. Location, height and spirit level of electrical points must be checked as per measurements given in circular & plan. Tolerance 1".
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10. Check size of sink bowl. Hole should be 1" to 2" larger. (Tolerance: 1")
11. All doors frames should have ½" grooves.

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1	Bedroom 1	✓	✓	✓	✓	✓	✓	✓					
2	Toilet 1	✓	✓	✓	✓	✓	✓	✓					
3	Bedroom 2	✓	✓	✓	✓	✓	✓	✓					
4	Toilet 2	✓	✓	✓	✓	✓	✓	✓					
5	Bedroom 3												
6	Toilet 3												
9	Drawing	✓	✓	✓	✓	✓	✓	✓					
10	Dining	✓	✓	✓	✓	✓	✓	✓					
11	Lobby 1												
13	Utility / balcony 1	✓	✓	✓	✓	✓	✓	✓					
14	Utility / balcony 2	✓	✓	✓	✓	✓	✓	✓					
15	Utility / balcony 3												
17	Kitchen	✓	✓	✓	✓	✓	✓	✓					
18	Other												
19	Other												
Remarks 1) In master toilet, after water proofing chipping was done. Do water proof for chipped area before laying tiles.													
													

**Quality Control Check Repot. Stage: After Plastering (Apartments)**

169

Company	PMB	Project	PMR	Phase	I
Prepared by	V. Ramulu Reddy	Sign	[Signature]	Date	29/10/09
Project Manager	Subba Reddy	Sign	[Signature]	Date	29/10/09
Apartment No	3C-307	Other		Other	
Receipt at HO date	2.11.09	Copy sent to site on	2.11.09	Sign	[Signature]
Checked By MD on	[Signature]	MD Sign	[Signature]	For filling	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

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9. Provision of tiles in bathrooms, kitchen & wash areas (rough plastering).
10. Check size of sink bowl. Hole should be 1" to 2" larger. (Tolerance: 1")
11. All doors frames should have ½" grooves.

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1	Bedroom 1	✓	✓	✓	✓	✓	✓	✓					
2	Toilet 1	✓	✓	✓	✓	✓	✓	✓					
3	Bedroom 2												
4	Toilet 2												
5	Bedroom 3												
6	Toilet 3												
9	Drawing	✓	✓	✓	✓	✓	✓	✓					
10	Dining												
11	Lobby 1												
13	Utility / balcony-1	✓	✓	✓	✓	✓	✓	✓					
14	Utility / balcony 2												
15	Utility / balcony 3												
17	Kitchen	✓	✓	✓	✓	✓	✓	✓					
18	Other												
19	Other												
Remarks													



**Quality Control Check Report. Stage: After Plastering (Apartments)**

168

Company	PMB	Project	PMR	Phase	I
Prepared by	V. Ramish Reddy	Sign		Date	29/10/09
Project Manager	Subba Reddy	Sign		Date	29/10/09
Apartment No	3C-407	Other		Other	
Receipt at HO date	2-11-09	Copy sent to site on	2-11-09	Sign	
Checked By MD on		MD Sign	10/11/09	For filling	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

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**Quality Control Check Repot.      Stage: After Plastering (Apartments)**

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1	Bedroom 1	✓	✓	✓	✓	✓	✓	✓					
2	Toilet 1	✓	✓	✓	✗	✓	✓	✓					
3	Bedroom 2												
4	Toilet 2												
5	Bedroom 3												
6	Toilet 3												
9	Drawing	✓	✓	✓	✓	✓	✓	✓					
10	Dining												
11	Lobby 1												
13	Utility / balcony 1	✓	✓	✓	✓	✓	✓	✓					
14	Utility / balcony 2												
15	Utility / balcony 3												
17	Kitchen	✓	✓	✓	✓	✓	✓	✓					
18	Other												
19	Other												
Remarks		<p>1) There is no provision of geyser point in toilet</p> <p>2) <span style="font-size: 2em;">↗</span> <u>Corrected</u></p>											

**Quality Control Check Repot. Stage: After Plastering (Apartments)**

167

Company	PMB	Project	PMB	Phase	I
Prepared by	V. Ramush Reddy	Sign	[Signature]	Date	29/10/09
Project Manager	Swoba Reddy	Sign	[Signature]	Date	29/10/09
Apartment No	3C-406	Other		Other	
Receipt at HO date	2-11-09	Copy sent to site on	2-11-09	Sign	[Signature]
Checked By MD on	10/11/09	MD Sign	[Signature]	For filling	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

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2	Toilet 1	✓	✓	✓	✓	✓	✓	✓						
3	Bedroom 2													
4	Toilet 2													
5	Bedroom 3													
6	Toilet 3													
9	Drawing	✓	✓	✓	✓	✓	✓	✓						
10	Dining													
11	Lobby 1													
13	Utility / balcony 1	✓	✓	✓	✓	✓	✓	✓						
14	Utility / balcony 2													
15	Utility / balcony 3													
17	Kitchen	✓	✓	✓	✓	✓	✓	✓						
18	Other													
19	Other													
Remarks														

**Quality Control Check Repot.      Stage: After Plastering (Apartments)**

166

Company	PMB	Project	PMR	Phase	I
Prepared by	V. Ramesh Reddy	Sign		Date	29/10/09
Project Manager	Subba Reddy	Sign		Date	29/10/09
Apartment No	3C-101	Other		Other	
Receipt at HO date	2-11-09	Copy sent to site on	2-11-09	Sign	
Checked By MD on	10/11/09	MD Sign		For filling	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

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1	M Bedroom 1	✓	✓	✓	✗	✓	✓	✓					
2	M Toilet 1	✓	✓	✓	✓	✓	✓	✓					
3	C Bedroom 2	✓	✓	✓	✓	✓	✓	✓					
4	C Toilet 2	✓	✓	✓	✓	✓	✓	✓					
5	Bedroom 3												
6	Toilet 3												
9	Drawing	✓	✓	✓	✓	✓	✓	✓					
10	Dining	✓	✓	✓	✓	✓	✓	✓					
11	Lobby 1												
13	Utility / balcony-1	✓	✓	✓	✓	✓	✓	✓					
14	Utility / balcony 2												
15	Utility / balcony 3												
17	Kitchen	✓	✓	✓	✓	✓	✓	✓					
18	Other												
19	Other												
Remarks 1) In M-B/R electrical point is not in level position													

**Quality Control Check Report. Stage: After Plastering (Apartments)**

164

Company	PMB	Project	PMR	Phase	I
Prepared by	V. Ramesh Reddy	Sign		Date	29/10/09
Project Manager	Subba Reddy	Sign		Date	29/10/09
Apartment No	3C-403	Other		Other	
Receipt at HO date	2.11.09	Copy sent to site on	2.11.09	Sign	K. Aruna
Checked By MD on	15/11/09	MD Sign		For filling	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Inspection should be done after:

- brickwork & 2 coats plastering is completed
- electrical conduct & plumbing work is completed
- water proofing is completed
- after cleaning the apartment.
- before starting painting, tiling & flooring.

Brickwork Check.

Notes:

1. Mark ✓ for correct or minor mistake which does not require correction
2. Mark ✗ for minor mistake that requires minor correction.
3. Mark ✗✗ for major mistake that requires correction by replacement or re-fixing.
4. Mark ✗✗✗ for major mistake that cannot be corrected.
5. 9" unplastered area from SFL should be left including in common areas and terraces.
6. Windows must be checked with templates. Tolerance ¼".
7. Location of CP & PVC fittings must be checked as per measurements given in circular. Tolerance 1".
8. Location, height and spirit level of electrical points must be checked as per measurements given in circular & plan. Tolerance 1".
9. Provision of tiles in bathrooms, kitchen & wash areas (rough plastering).
10. Check size of sink bowl. Hole should be 1" to 2" larger. (Tolerance: 1")
11. All doors frames should have ½" grooves.

**Quality Control Check Report. Stage: After Plastering (Apartments)**

S No	Room	Skirting Provision <sup>5</sup> (✓ or ✗)	Window check <sup>6</sup> (✓ or ✗)	CP & PVC Check <sup>7</sup> (✓ or ✗)	Electrical points check <sup>8</sup> (✓ or ✗)	Tiles provision <sup>9</sup> (✓ or ✗)	Sink provision & size <sup>10</sup> (✓ or ✗)	Grooves for door frames <sup>11</sup> (✓ or ✗)					
1	Bedroom 1	✓	✓	✓	✓	✓	✓	✓					
2	Toilet 1	✓	✓	✓	✓	✓	✓	✓					
3	Bedroom 2	✓	✓	✓	✓	✓	✓	✓					
4	Toilet 2	✓	✓	✓	✓	✓	✓	✓					
5	Bedroom 3												
6	Toilet 3												
9	Drawing	✓	✓	✓	✓	✓	✓	✓					
10	Dining	✓	✓	✓	✓	✓	✓	✓					
11	Lobby 1												
13	Utility / balcony 1	✓	✓	✓	✓	✓	✓	✓					
14	Utility / balcony 2	✓	✓	✓	✓	✓	✓	✓					
15	Utility / balcony 3												
17	Kitchen	✓	✓	✓	✓	✓	✓	✓					
18	Other												
19	Other												
Remarks													



**Quality Control Check Report. Stage: After Plastering (Apartments)**

163

Company	PMB	Project	PMB	Phase	I
Prepared by	V. Damodar Reddy	Sign		Date	29/10/09
Project Manager	Subba Reddy	Sign		Date	29/10/09
Apartment No	3C-404	Other		Other	
Receipt at HO date	2.11.09	Copy sent to site on	2.11.09	Sign	
Checked By MD on		MD Sign		For filling	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Inspection should be done after:

- brickwork & 2 coats plastering is completed
- electrical conduct & plumbing work is completed
- water proofing is completed
- after cleaning the apartment.
- before starting painting, tiling & flooring.

**Brickwork Check.**

Notes:

1. Mark ✓ for correct or minor mistake which does not require correction
2. Mark ✗ for minor mistake that requires minor correction.
3. Mark ✗✗ for major mistake that requires correction by replacement or re-fixing.
4. Mark ✗✗✗ for major mistake that cannot be corrected.
5. 9" unplastered area from SFL should be left including in common areas and terraces.
6. Windows must be checked with templates. Tolerance ¼".
7. Location of CP & PVC fittings must be checked as per measurements given in circular. Tolerance 1".
8. Location, height and spirit level of electrical points must be checked as per measurements given in circular & plan. Tolerance 1".
9. Provision of tiles in bathrooms, kitchen & wash areas (rough plastering).
10. Check size of sink bowl. Hole should be 1" to 2" larger. (Tolerance: 1")
11. All doors frames should have ½" grooves.

**Quality Control Check Repot.      Stage: After Plastering (Apartments)**

S No	Room	Skirting Provision <sup>5</sup> (✓ or ✗)	Window check <sup>6</sup> (✓ or ✗)	CP & PVC Check <sup>7</sup> (✓ or ✗)	Electrical points check <sup>8</sup> (✓ or ✗)	Tiles provision <sup>9</sup> (✓ or ✗)	Sink provision & size <sup>10</sup> (✓ or ✗)	Grooves for door frames <sup>11</sup> (✓ or ✗)					
1	Bedroom 1	✓	✓	✓	✓	✓	✓	✓					
2	Toilet 1	✓	✓	✓	✓	✓	✓	✓					
3	Bedroom 2	✓	✓	✓	✓	✓	✓	✓					
4	Toilet 2	✓	✓	✓	✓	✓	✓	✓					
5	Bedroom 3												
6	Toilet 3												
9	Drawing	✓	✓	✓	✓	✓	✓	✓					
10	Dining	✓	✓	✓	✓	✓	✓	✓					
11	Lobby 1												
13	Utility / balcony 1	✓	✓	✓	✓	✓	✓	✓					
14	Utility / balcony 2	✓	✓	✓	✓	✓	✓	✓					
15	Utility / balcony 3												
17	Kitchen	✓	✓	✓	✓	✓	✓	✓					
18	Other												
19	Other												
Remarks													

**Quality Control Check Report. Stage: After Plastering (Apartments)**

162

Company	PMB	Project	PMR	Phase	I
Prepared by	V. Parvath Reddy	Sign		Date	29/10/09
Project Manager	Subba Reddy	Sign		Date	29/10/09
Apartment No	3C-405	Other		Other	
Receipt at HO date	2.11.09	Copy sent to site on	2.11.09	Sign	
Checked By MD on	KM/09	MD Sign		For filling	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Inspection should be done after:

- brickwork & 2 coats plastering is completed
- electrical conduct & plumbing work is completed
- water proofing is completed
- after cleaning the apartment.
- before starting painting, tiling & flooring.

Brickwork Check.

Notes:

1. Mark ✓ for correct or minor mistake which does not require correction
2. Mark ✗ for minor mistake that requires minor correction.
3. Mark ✗✗ for major mistake that requires correction by replacement or re-fixing.
4. Mark ✗✗✗ for major mistake that cannot be corrected.
5. 9" unplastered area from SFL should be left including in common areas and terraces.
6. Windows must be checked with templates. Tolerance ¼".
7. Location of CP & PVC fittings must be checked as per measurements given in circular. Tolerance 1".
8. Location, height and spirit level of electrical points must be checked as per measurements given in circular & plan. Tolerance 1".
9. Provision of tiles in bathrooms, kitchen & wash areas (rough plastering).
10. Check size of sink bowl. Hole should be 1" to 2" larger. (Tolerance: 1")
11. All doors frames should have ½" grooves.

**Quality Control Check Report. Stage: After Plastering (Apartments)**

S No	Room	Skirting Provision <sup>5</sup> (✓ or ✗)	Window check <sup>6</sup> (✓ or ✗)	CP & PVC Check <sup>7</sup> (✓ or ✗)	Electrical points check <sup>8</sup> (✓ or ✗)	Tiles provision <sup>9</sup> (✓ or ✗)	Sink provision & size <sup>10</sup> (✓ or ✗)	Grooves for door frames <sup>11</sup> (✓ or ✗)					
1	Bedroom 1	✓	✓	✓	✓	✓	✓	✓					
2	Toilet 1	✓	✓	✓	✓	✓	✓	✓					
3	Bedroom 2												
4	Toilet 2												
5	Bedroom 3												
6	Toilet 3												
9	Drawing	✓	✓	✓	✓	✓	✓	✓					
10	Dining												
11	Lobby 1												
13	Utility / balcony 1	✓	✓	✓	✓	✓	✓	✓					
14	Utility / balcony 2												
15	Utility / balcony 3												
17	Kitchen	✓	✓	✓	✓	✓	✓	✓					
18	Other												
19	Other												
Remarks													

Quality Control Check Repot. Stage: Before Casting Slab (Apartments)

124

Company		Project	PMR	Phase	
Prepared by	G. VISAYAJ	Sign	G. Jay	Date	7/10/08
Project Manager	SUBBA REDDY	Sign	S-Reddy	Date	7/10/08
Bungalow No BLOCK	D	Slab No.	1	Other	

Checked  
5/12/08

Slab Check.

Notes:

1. Inspection should be done before casting of slab at each stage i.e. when the slab is ready for casting.
2. Prepare Slab Dimensions Check Plan as follows:
  - a. Show outer dimensions of slab. (Tolerance 2")
  - b. Show length and width of balconies (Tolerance 1")
  - c. Show inner dimensions of ducts. (Tolerance 1")
  - d. Show location of sunken slab.
  - e. Print an A3 size plan.

**APPROVED BY**  
23 JUL 2008  
SOHAM MODI  
MANAGING DIRECTOR

1. Circle each correct dimension with green colour. Circle each incorrect dimension with red colour and mention actual dimension next to it.

Slab Dimensions Check Plan enclosed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Staircase Dimensions (✓ or ✗)	

Quality of centering, rod bending and concreting.

Quality of centering, rod bending and concreting?	<input checked="" type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad
Remarks:	

Received  
on 13-10-08  
K-Anne

**Quality Control Check Repot.      Stage: Before Casting Slab (Apartments)**

**Slab Steel check.**

Notes:

1. Mark ✓ for correct or minor mistake which does not require correction
2. Mark ✗ for minor mistake that requires minor correction.
3. Mark ✗✗ for major mistake that requires correction by replacement or re-fixing.
4. Mark ✗✗✗ for major mistake that cannot be corrected.

S No	Item	Quantitative Check (✓ or ✗)	Qualitative Check (Good / Avg. / Bad)
1.	Steel Check - Beam no of rods	✓	<input checked="" type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad
2.	Steel Check - Beam size of bars	✓	<input checked="" type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad
3.	Steel Check - Beams Extra Bars	✓	<input checked="" type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad
4.	Covering blocks for beams	✓	<input checked="" type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad
5.	Depth and width of beams	✓	<input checked="" type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad
6.	Steel Check - Slab size of bars	✓	<input checked="" type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad
7.	Steel Check - Slab spacing of bars	✓	<input checked="" type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad
8.	Steel Check – Slab cranking & chairs	✓	<input checked="" type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad
9.	Steel Check - Slab Extra Bars	✓	<input checked="" type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad
10.	Covering blocks for slab	✓	<input checked="" type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad
11.	Steel Check - Columns Development length	✓	<input checked="" type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad
12.	Electrical Conducting	✓	<input checked="" type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad
Remarks:			

**Quality Control Check Report. Stage: After Column Casting (Apartments)**

125

Company	P M B	Project	P M R	Phase	
Prepared by	A-SRUGAN	Sign	A (Signature)	Date	20/10/08
Project Manager	S.V. Subbarreddy	Sign	(Signature)	Date	
Block No	D	Column No.	2	Other	

Columns Position Check.

Notes:

1. Inspection should be done after casting of columns at each stage and before starting centering works for each slab.
2. Prepare Columns Position Check Plan as follows:
  - a. Divide blocks into smaller sub-blocks.
  - b. Show size and orientation of columns. (Tolerance 0.5")
  - c. Show inner – inner space between columns. (Tolerance 1")
  - d. Show diagonals for 20% of bays. (Tolerance 1.5")
  - e. Print an A3 size plan.
3. Circle each correct dimension with green colour. Circle each incorrect dimension with red colour and mention actual dimension next to it.

Columns Position Check Plan enclosed?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
---------------------------------------	---

Slab Dimensions Check.

Notes:

1. Prepare Slab (or plinth beams) Dimensions Check Plan as follows:
  - a. Show outer dimensions of slab. (Tolerance 2")
  - b. Show length and width of balconies (Tolerance 1")
  - c. Show inner dimensions of ducts and lift well. (Tolerance 1")
  - d. Show location of sunken slab.
  - e. Print an A3 size plan.
2. Circle each correct dimension with green colour. Circle each incorrect dimension with red colour and mention actual dimension next to it.

Slab Dimensions Check Plan enclosed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Specified thickness of slab?	Actual thickness of slab?

*Checked  
4/11/08  
Retired on  
1/11/08  
K. Anon*

**Quality Control Check Repot.      Stage: After Column Casting (Apartments)**

Quality of centering, rod bending and concreting.

Quality of centering, rod bending and concreting?	<input checked="" type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad
Remarks:	

Curing.

Tap provide at current floor for curing.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Distance of tap from furthest distance that requires curing. (max permitted 150')	
Source of water	<input checked="" type="checkbox"/> Sump <input type="checkbox"/> OHT <input type="checkbox"/> Bore-well direct connection <input type="checkbox"/> None
Capacity of source in lts.	
Frequency of curing in number of times a day	
Gunny bags used	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Quality of curing	<input checked="" type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad
Quality of infrastructure for curing.	<input checked="" type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad
Remarks:	



**Quality Control Check Report. Stage: After Column Casting (Apartments)**

Columns height, plumb, steel & level marking check.

Notes:

1. Mark ✓ for correct or minor mistake which does not require correction
2. Mark ✗ for minor mistake that requires minor correction.
3. Mark ✗✗ for major mistake that requires correction by replacement or re-fixing.
4. Mark ✗✗✗ for major mistake that cannot be corrected.
5. Tolerance: Height 0.5"; Plumb 0.25".

S No	Col No.	Col type	Height in ft		Steel (✓ or ✗)			Plumb (✓ or ✗)		Reference level marked on column?
			Spec.	Actual	No of rods	Size of rods	Stirrups	Side 1	Side 2	
1.	D-17	C3	8'-4 1/2"	8'-4"	-	-	-	-	-	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
2.	S-17	C4	8'-4 1/2"	8'-4"	-	-	-	-	-	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
3.	P-17	C4	8'-4 1/2"	8'-4"	-	-	-	-	-	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
4.	L-17	C4	8'-4 1/2"	8'-4"	-	-	-	-	-	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
5.	H-17	C4	8'-4 1/2"	8'-4"	-	-	-	-	-	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
6.	D-17	C4	8'-4 1/2"	8'-4 1/2"	-	-	-	-	-	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
7.	A-17	C3	8'-4 1/2"	8'-4 1/2"	-	-	-	-	-	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
8.	F-16	C3	8'-4 1/2"	8'-4 1/2"	-	-	-	-	-	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
9.	S-16	C4	8'-4 1/2"	8'-4"	-	-	-	-	-	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
10.	M-16	C4	8'-4 1/2"	8'-4"	-	-	-	-	-	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
11.	L-16	C4	8'-4 1/2"	8'-4"	-	-	-	-	-	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
12.	H-16	C4	8'-4 1/2"	8'-4"	-	-	-	-	-	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
13.	D-16	C4	8'-4 1/2"	8'-4"	-	-	-	-	-	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
14.	A-16	C3	8'-4 1/2"	8'-4"	-	-	-	-	-	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
15.	K-14	C1	8'-7 1/2"	8'-7"	-	-	-	-	-	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
16.	G-14	C1	8'-7 1/2"	8'-7"	-	-	-	-	-	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
17.	K-10	C2	8'-7 1/2"	8'-7"	-	-	-	-	-	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

**Quality Control Check Report. Stage: After Column Casting (Apartments)**

S No	Col No.	Col type	Height in ft		Steel (✓ or ✗)			Plumb (✓ or ✗)		Reference level marked on column?
			Spec.	Actual	No of rods	Size of rods	Stirrups	Side 1	Side 2	
18.	G-10	C2	8'-7 1/2"	8'-7"	-	-	-	-	-	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
19.	G-10	C2	8'-7 1/2"	8'-7 1/2"	-	-	-	-	-	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
20.	B-10	C2	8'-7 1/2"	8'-7 1/2"	-	-	-	-	-	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
21.	K-8	C2	8'-7 1/2"	8'-7"	-	-	-	-	-	<input type="checkbox"/> Yes <input type="checkbox"/> No
22.	G-8	C2	8'-7 1/2"	8'-7"	-	-	-	-	-	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
23.	E-8	C2	8'-7 1/2"	8'-7"	-	-	-	-	-	<input type="checkbox"/> Yes <input type="checkbox"/> No
24.	B-8	C2	8'-7 1/2"	8'-7"	-	-	-	-	-	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
25.	G-6	C1	8'-7 1/2"	8'-7"	-	-	-	-	-	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
26.	E-6	C1	8'-7 1/2"	8'-7"	-	-	-	-	-	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
27.	H-4	C3	8'-7 1/2"	8'-7"	-	-	-	-	-	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
28.	H-5	C3	8'-7 1/2"	8'-7"	-	-	-	-	-	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
29.	H-7	C3	8'-7 1/2"	8'-7"	-	-	-	-	-	<input type="checkbox"/> Yes <input type="checkbox"/> No
30.	H-9	C3	8'-7 1/2"	8'-7"	-	-	-	-	-	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
31.	H-11	C3	8'-7 1/2"	8'-7"	-	-	-	-	-	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
32.	H-13	C2	8'-7 1/2"	8'-7"	-	-	-	-	-	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
33.	H-15	C3	8'-7 1/2"	8'-7"	-	-	-	-	-	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
34.	Q-4	C4	8'-7 1/2"	8'-7"	-	-	-	-	-	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
35.	Q-5	C4	8'-7 1/2"	8'-7"	-	-	-	-	-	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
36.	Q-7	C4	8'-7 1/2"	8'-7"	-	-	-	-	-	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
37.	Q-9	C4	8'-7 1/2"	8'-7"	-	-	-	-	-	<input type="checkbox"/> Yes <input type="checkbox"/> No
38.	Q-11	C4	8'-7 1/2"	8'-7"	-	-	-	-	-	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
39.	Q-13	C4	8'-7 1/2"	8'-7"	✓	✓	✓	✓	✓	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

**Quality Control Check Report. Stage: After Column Casting (Apartments)**

S No	Col No.	Col type	Height in ft		Steel (✓ or ✗)			Plumb (✓ or ✗)		Reference level marked on column?
			Spec.	Actual	No of rods	Size of rods	Stirrups	Side 1	Side 2	
40.	Q-15	24	8'-7 1/2"	8'-7 1/2"	-	-	-	-	-	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
41.	P-9	22	8'-7 1/2"	8'-7 1/2"	-	-	-	-	-	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
42.	T-5	22	8'-7 1/2"	8'-7 1/2"	-	-	-	-	-	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
43.	↑-06	22	8'-7 1/2"	8'-7"	-	-	-	-	-	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
44.	↑-07	22	8'-7 1/2"	8'-7"	-	-	-	-	-	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
45.	↑-09	22	8'-7 1/2"	8'-7"	-	-	-	-	-	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
46.	↑-11	22	8'-7 1/2"	8'-7"	-	-	-	-	-	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
47.	↑-13	22	8'-7 1/2"	8'-7"	-	-	-	-	-	<input type="checkbox"/> Yes <input type="checkbox"/> No
48.	↑-15	23	8'-7 1/2"	8'-7"	-	-	-	-	-	<input type="checkbox"/> Yes <input type="checkbox"/> No
49.										<input type="checkbox"/> Yes <input type="checkbox"/> No
50.										<input type="checkbox"/> Yes <input type="checkbox"/> No
51.										<input type="checkbox"/> Yes <input type="checkbox"/> No
52.										<input type="checkbox"/> Yes <input type="checkbox"/> No
53.										<input type="checkbox"/> Yes <input type="checkbox"/> No
54.										<input type="checkbox"/> Yes <input type="checkbox"/> No
55.										<input type="checkbox"/> Yes <input type="checkbox"/> No
56.										<input type="checkbox"/> Yes <input type="checkbox"/> No
57.										<input type="checkbox"/> Yes <input type="checkbox"/> No
58.										<input type="checkbox"/> Yes <input type="checkbox"/> No
59.										<input type="checkbox"/> Yes <input type="checkbox"/> No
60.										<input type="checkbox"/> Yes <input type="checkbox"/> No
61.										<input type="checkbox"/> Yes <input type="checkbox"/> No

**Quality Control Check Report. Stage: After Column Casting (Apartments)**

123

Company	PMR	Project	PMR	Phase	
Prepared by	A SRINIVAS	Sign	A Srinivas	Date	20/09/08
Project Manager	S.V. SUBBARAO	Sign	S.V. Subbarao	Date	
Block No	D	Column No.	1	Other	

**Columns Position Check.**

Notes:

1. Inspection should be done after casting of columns at each stage and before starting centering works for each slab.
2. Prepare Columns Position Check Plan as follows:
  - a. Divide blocks into smaller sub-blocks.
  - b. Show size and orientation of columns. (Tolerance 0.5")
  - c. Show inner – inner space between columns. (Tolerance 1")
  - d. Show diagonals for 20% of bays. (Tolerance 1.5")
  - e. Print an A3 size plan.

*Checked*  
*14/10/08*

3. Circle each correct dimension with green colour. Circle each incorrect dimension with red colour and mention actual dimension next to it.

Columns Position Check Plan enclosed?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
---------------------------------------	---

**Slab Dimensions Check.**

Notes:

1. Prepare Slab (or plinth beams) Dimensions Check Plan as follows:
  - a. Show outer dimensions of slab. (Tolerance 2")
  - b. Show length and width of balconies (Tolerance 1")
  - c. Show inner dimensions of ducts and lift well. (Tolerance 1")
  - d. Show location of sunken slab.
  - e. Print an A3 size plan.

2. Circle each correct dimension with green colour. Circle each incorrect dimension with red colour and mention actual dimension next to it.

Slab Dimensions Check Plan enclosed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Specified thickness of slab?	Actual thickness of slab?

**Quality Control Check Repot.      Stage: After Column Casting (Apartments)**

Quality of centering, rod bending and concreting.

Quality of centering, rod bending and concreting?	<input checked="" type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad
Remarks:	

Curing.

Tap provide at current floor for curing.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Distance of tap from furthest distance that requires curing. (max permitted 150')	
Source of water	<input type="checkbox"/> Sump <input type="checkbox"/> OHT <input type="checkbox"/> Bore-well direct connection <input type="checkbox"/> None
Capacity of source in lts.	
Frequency of curing in number of times a day	
Gunny bags used	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Quality of curing	<input checked="" type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad
Quality of infrastructure for curing.	<input checked="" type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad
Remarks:	

**Quality Control Check Report. Stage: After Column Casting (Apartments)**

Columns height, plumb, steel & level marking check.

Notes:

1. Mark ✓ for correct or minor mistake which does not require correction
2. Mark ✗ for minor mistake that requires minor correction.
3. Mark ✗✗ for major mistake that requires correction by replacement or re-fixing.
4. Mark ✗✗✗ for major mistake that cannot be corrected.
5. Tolerance: Height 0.5"; Plumb 0.25".

S No	Col No.	Col type	Height in ft		Steel (✓ or ✗)			Plumb (✓ or ✗)		Reference level marked on column?
			Spec.	Actual	No of rods	Size of rods	Stirrups	Side 1	Side 2	
1.	S-12	C3	7'-9"	7'-9"	✓	✓	✓	✓	✓	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
2.	S-12	C4	7'-9"	7'-9"	✓	✓	✓	✓	✓	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
3.	D-12	C4	7'-9"	7'-9"	✓	✓	✓	✓	✓	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
4.	L-12	C4	7'-9"	7'-9"	✓	✓	✓	✓	✓	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
5.	I-12	C4	7'-9"	7'-9"	✓	✓	✓	✓	✓	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
6.	D-12	C4	7'-9"	7'-9"	✓	✓	✓	✓	✓	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
7.	A-12	C3	7'-9"	7'-9"	✓	✓	✓	✓	✓	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
8.	J-16	C3	7'-9"	7'-9"	✓	✓	✓	✓	✓	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
9.	S-16	C4	7'-9"	7'-9"	✓	✓	✓	✓	✓	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
10.	D-16	C4	7'-9"	7'-9"	✓	✓	✓	✓	✓	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
11.	L-16	C4	7'-9"	7'-9"	✓	✓	✓	✓	✓	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
12.	I-16	C4	7'-9"	7'-9"	✓	✓	✓	✓	✓	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
13.	D-16	C4	7'-9"	7'-9"	✓	✓	✓	✓	✓	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
14.	A-16	C3	7'-9"	7'-9"	✓	✓	✓	✓	✓	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
15.	J-15	C2	8'-0"	8'-0"	✓	✓	✓	✓	✓	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
16.	D-15	C4	8'-0"	8'-0"	✓	✓	✓	✓	✓	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
17.	I-15	C3	8'-0"	8'-0"	✓	✓	✓	✓	✓	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

**Quality Control Check Repot.      Stage: After Column Casting (Apartments)**

S No	Col No.	Col type	Height in ft		Steel (✓ or ✗)			Plumb (✓ or ✗)		Reference level marked on column?
			Spec.	Actual	No of rods	Size of rods	Stirrups	Side 1	Side 2	
18.	K-14	C2	8'0	8'0	✓	✓	✓	✓	✓	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
19.	IA-14	C3	8'0	8'0	✓	✓	✓	✓	✓	<input type="checkbox"/> Yes <input type="checkbox"/> No
20.	C-12	C1	8'0	8'0	✓	✓	✓	✓	✓	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
21.	E-12	C1	8'0	8'0	✓	✓	✓	✓	✓	<input type="checkbox"/> Yes <input type="checkbox"/> No
22.	C-10	C2	8'0	8'0	✓	✓	✓	✓	✓	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
23.	J-10	C2	8'0	8'0	✓	✓	✓	✓	✓	<input type="checkbox"/> Yes <input type="checkbox"/> No
24.	G-08	C1	8'0	8'0	✓	✓	✓	✓	✓	<input type="checkbox"/> Yes <input type="checkbox"/> No
25.	E-08	C1	8'0	8'0	✓	✓	✓	✓	✓	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
26.	F-12	C2	8'0	8'0	✓	✓	✓	✓	✓	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
27.	Q-12	C4	8'0	8'0	✓	✓	✓	✓	✓	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
28.	M-12	C2	8'0	8'0	✓	✓	✓	✓	✓	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
29.	F-11	C2	8'0	8'0	✓	✓	✓	✓	✓	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
30.	Q-11	C4	8'0	8'0	✓	✓	✓	✓	✓	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
31.	M-11	C2	8'0	8'0	✓	✓	✓	✓	✓	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
32.	F-09	C2	8'0	8'0	✓	✓	✓	✓	✓	<input type="checkbox"/> Yes <input type="checkbox"/> No
33.	Q-09	C4	8'0	8'0	✓	✓	✓	✓	✓	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
34.	M-09	C2	8'0	8'0	✓	✓	✓	✓	✓	<input type="checkbox"/> Yes <input type="checkbox"/> No
35.	J-07	C2	8'0	8'0	✓	✓	✓	✓	✓	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
36.	Q-07	C4	8'0	8'0	✓	✓	✓	✓	✓	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
37.	M-07	C2	8'0	8'0	✓	✓	✓	✓	✓	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
38.	F-05	C2	8'0	8'0	✓	✓	✓	✓	✓	<input type="checkbox"/> Yes <input type="checkbox"/> No
39.	Q-05	C4	8'0	8'0	✓	✓	✓	✓	✓	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

**Quality Control Check Repot.      Stage: After Column Casting (Apartments)**

S No	Col No.	Col type	Height in ft		Steel (✓ or ✕)			Plumb (✓ or ✕)		Reference level marked on column?
			Spec.	Actual	No of rods	Size of rods	Stirrups	Side 1	Side 2	
40.	M-05	C3	8'0	8'0	✓	✓	✓	✓	✓	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
41.										<input type="checkbox"/> Yes <input type="checkbox"/> No
42.										<input type="checkbox"/> Yes <input type="checkbox"/> No
43.										<input type="checkbox"/> Yes <input type="checkbox"/> No
44.										<input type="checkbox"/> Yes <input type="checkbox"/> No
45.										<input type="checkbox"/> Yes <input type="checkbox"/> No
46.										<input type="checkbox"/> Yes <input type="checkbox"/> No
47.										<input type="checkbox"/> Yes <input type="checkbox"/> No
48.										<input type="checkbox"/> Yes <input type="checkbox"/> No
49.										<input type="checkbox"/> Yes <input type="checkbox"/> No
50.										<input type="checkbox"/> Yes <input type="checkbox"/> No
51.										<input type="checkbox"/> Yes <input type="checkbox"/> No
52.										<input type="checkbox"/> Yes <input type="checkbox"/> No
53.										<input type="checkbox"/> Yes <input type="checkbox"/> No
54.										<input type="checkbox"/> Yes <input type="checkbox"/> No
55.										<input type="checkbox"/> Yes <input type="checkbox"/> No
56.										<input type="checkbox"/> Yes <input type="checkbox"/> No
57.										<input type="checkbox"/> Yes <input type="checkbox"/> No
58.										<input type="checkbox"/> Yes <input type="checkbox"/> No
59.										<input type="checkbox"/> Yes <input type="checkbox"/> No
60.										<input type="checkbox"/> Yes <input type="checkbox"/> No
61.										<input type="checkbox"/> Yes <input type="checkbox"/> No



**Quality Control Check Repot.      Stage: After Column Casting (Apartments)**

S No	Col No.	Col type	Height in ft		Steel (✓ or ✗)			Plumb (✓ or ✗)		Reference level marked on column?
			Spec.	Actual	No of rods	Size of rods	Stirrups	Side 1	Side 2	
62.										<input type="checkbox"/> Yes <input type="checkbox"/> No
63.										<input type="checkbox"/> Yes <input type="checkbox"/> No
64.										<input type="checkbox"/> Yes <input type="checkbox"/> No
65.										<input type="checkbox"/> Yes <input type="checkbox"/> No
66.										<input type="checkbox"/> Yes <input type="checkbox"/> No
67.										<input type="checkbox"/> Yes <input type="checkbox"/> No
68.										<input type="checkbox"/> Yes <input type="checkbox"/> No
69.										<input type="checkbox"/> Yes <input type="checkbox"/> No
70.										<input type="checkbox"/> Yes <input type="checkbox"/> No
71.										<input type="checkbox"/> Yes <input type="checkbox"/> No
72.										<input type="checkbox"/> Yes <input type="checkbox"/> No
73.										<input type="checkbox"/> Yes <input type="checkbox"/> No
74.										<input type="checkbox"/> Yes <input type="checkbox"/> No
75.										<input type="checkbox"/> Yes <input type="checkbox"/> No
76.										<input type="checkbox"/> Yes <input type="checkbox"/> No
77.										<input type="checkbox"/> Yes <input type="checkbox"/> No
78.										<input type="checkbox"/> Yes <input type="checkbox"/> No
79.										<input type="checkbox"/> Yes <input type="checkbox"/> No
80.										<input type="checkbox"/> Yes <input type="checkbox"/> No
81.										<input type="checkbox"/> Yes <input type="checkbox"/> No
82.										<input type="checkbox"/> Yes <input type="checkbox"/> No
83.										<input type="checkbox"/> Yes <input type="checkbox"/> No

**Quality Control Check Repot.      Stage: After Column Casting (Apartments)**

S No	Col No.	Col type	Height in ft		Steel (✓ or ✗)			Plumb (✓ or ✗)		Reference level marked on column?
			Spec.	Actual	No of rods	Size of rods	Stirrups	Side 1	Side 2	
84.										<input type="checkbox"/> Yes <input type="checkbox"/> No
85.										<input type="checkbox"/> Yes <input type="checkbox"/> No
86.										<input type="checkbox"/> Yes <input type="checkbox"/> No
87.										<input type="checkbox"/> Yes <input type="checkbox"/> No
88.										<input type="checkbox"/> Yes <input type="checkbox"/> No
89.										<input type="checkbox"/> Yes <input type="checkbox"/> No
90.										<input type="checkbox"/> Yes <input type="checkbox"/> No
91.										<input type="checkbox"/> Yes <input type="checkbox"/> No
92.										<input type="checkbox"/> Yes <input type="checkbox"/> No
93.										<input type="checkbox"/> Yes <input type="checkbox"/> No
94.										<input type="checkbox"/> Yes <input type="checkbox"/> No
95.										<input type="checkbox"/> Yes <input type="checkbox"/> No
96.										<input type="checkbox"/> Yes <input type="checkbox"/> No
97.										<input type="checkbox"/> Yes <input type="checkbox"/> No
98.										<input type="checkbox"/> Yes <input type="checkbox"/> No
99.										<input type="checkbox"/> Yes <input type="checkbox"/> No
100.										<input type="checkbox"/> Yes <input type="checkbox"/> No
101.										<input type="checkbox"/> Yes <input type="checkbox"/> No
102.										<input type="checkbox"/> Yes <input type="checkbox"/> No
103.										<input type="checkbox"/> Yes <input type="checkbox"/> No
104.										<input type="checkbox"/> Yes <input type="checkbox"/> No
105.										<input type="checkbox"/> Yes <input type="checkbox"/> No

Quality Control Check Repot. Stage: After Brickwork (Apartments) / plastering (104)

Company	P.M.D	Project	P.M.R	Phase	
Prepared by	A-SRUJAN	Sign	A Srujan	Date	08/07/08
Project Manager		Sign		Date	
Apartment No	304 A Block	Other		Other	

Inspection should be done after:

- brickwork is completed
- chicken mesh fixed
- electrical conduct & plumbing work is completed
- water proofing is completed
- after cleaning the apartment.

*Checked  
14/11/08*

Brickwork Check.

Notes:

1. Mark ✓ for correct or minor mistake which does not require correction
2. Mark ✗ for minor mistake that requires minor correction.
3. Mark ✗✗ for major mistake that requires correction by replacement or re-fixing.
4. Mark ✗✗✗ for major mistake that cannot be corrected.
5. Wall thickness should be as per plan. Use of 4", 6" & 8" blocks must be checked.
6. All walls should have 2 beds of about 2" to 3" thickness with one no. 6 mm or 8 mm rod with M15 CC.
7. Chicken mesh should be used in each and every joint between RCC & Brickwork.
8. Joint between brickwork & beam on external side must be filled.
9. Check room dimensions with working plan. (Tolerance: 1")
10. Diagonals of each room shall be equal. (Tolerance: 2")
11. Balcony sill level should be 3'3" from SFL. (Tolerance: 1")
12. Check room height with specified height. (Tolerance: 1")
13. Check plumb of walls where ever it appears to be out of plumb. (Tolerance: 1/2")
14. Specify the No. of beams which are not aligned by more than 1" in a room.

*Endor*

**Quality Control Check Repot.      Stage: After Brickwork (Apartments)**

S No	Room	Wall thickness <sup>5</sup> (✓ or ✗)	Beds in walls <sup>6</sup> (✓ or ✗)	Chicken mesh <sup>7</sup> (✓ or ✗)	External brickwork & beam joint <sup>8</sup> (✓ or ✗)	Room Dimensions <sup>9</sup> (✓ or ✗)	Room Dimensions <sup>9</sup> - Difference in inches	Diagonal <sup>10</sup> (✓ or ✗)	Diagonal <sup>10</sup> - Difference in inches	Balcony sill level <sup>11</sup> (✓ or ✗)	Room Height <sup>12</sup> (✓ or ✗)	Plumb of walls <sup>13</sup> (Good/Avg./Bad)	Alignment of beams and walls <sup>14</sup> - Nos.
1	Bedroom 1	✓	✓	✓	✓	✓	✓	✓	✓		✓	Good	
2	Toilet 1	✓	✓	✓	✓	✓	✓	✓	✓		✓	Avg	
3	Bedroom 2	✓	✓	✓	✓	✓	✓	✓	✓		✓	Good	
4	Toilet 2	✓	✓	✓	✓	✓	✓	✓	✓		✓	Good	
5	Bedroom 3												
6	Toilet 3												
9	Drawing	✓	✓	✓	✓	✓	✓	✓	✓		✓	Good	
10	Dining	✓	✓	✓	✓	✗	3" x 3"	✓	✓		✓	Good	
11	Lobby 1												
13	Utility / balcony 1	✓	✓	✓	✓	✗	<del>3" x 3"</del>	✓	✓	✓	✓	Good	
14	Utility / balcony 2	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	Good	
15	Utility / balcony 3												
17	Kitchen	✓	✓	✓	✓	✗	1" x 2"	✓	✓		✓	Good	
18	Other												
19	Other												
Remarks													

**Quality Control Check Repot.      Stage: After Brickwork (Apartments)**

Quality of edges and corners in all rooms?	<input checked="" type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad
Specify rooms that need correction:	

Misc. Checks.

Was a proportion box provided?	<input type="checkbox"/> Yes <input type="checkbox"/> No	N/A
Size of proportion box?	cft	N/A
Condition of proportion box?	<input type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad	N/A
Was the Apartment cleaned before starting brick work?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Cant' say	N/A
Is the Apartment cleaned for plastering?	<input type="checkbox"/> Yes <input type="checkbox"/> No	N/A
Wastage?	<input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low	N/A
Storage of building material like bricks sand and cement.	<input type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad	N/A
Water proofing quality & height? (height should be 6" above SFL)	<input checked="" type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad	
Do all bathrooms have sunken slab?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Remarks:		

Door Frames & Windows check

Notes:

1. Mark ✓ for correct or minor mistake which does not require correction
2. Mark ✗ for minor mistake that requires minor correction.
3. Mark ✗✗ for major mistake that requires correction by replacement or re-fixing.
4. Mark ✗✗✗ for major mistake that cannot be corrected.
5. Window template depth should be between 2 to 2 ½" after plastering.
6. Lintel level should be 7'3" from SFL & 7' from FFL. (Tolerance 1")
7. Lofts should be at a height of 7' to 7'3" from FFL. Kitchen plat from should be at a height of 32" or 33" from FFL and 35" or 36" from SFL. (Tolerance 1")
8. Slopes of lofts and kitchen platforms to be checked by using 12" spirit level and check height from floor from 2 or 3 points.
9. Thickness of platforms & lofts should be between 2 & 2.5".

**Quality Control Check Report. Stage: After Brickwork (Apartments)**

S No	Room	Door size (✓ or ✗)	Door face (✓ or ✗)	Door lenth level (✓ or ✗)	Door diagonal check (✓ or ✗)	Door Plumb - two sides (✓ or ✗)	Windows lenth & sill level	Windows size (✓ or ✗)	Windows - template depth <sup>s</sup>	Windows - template diagonal (✓ or ✗)	Loft & Kitchen platform height (✓ or ✗)	Loft & Kitchen platform slope (✓ or ✗)	Loft & Kitchen platform thickness (✓ or ✗)
1	Bedroom 1	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
2	Toilet 1	✓	✓	✓	✓	✓	✓	✓					
3	Bedroom 2	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
4	Toilet 2	✓	✓	✓	✓	✓	✓	✓					
5	Bedroom 3												
6	Toilet 3												
9	Drawing	✓	✓	✓	✓	✓	✓	✓	✓	✓			
10	Dining						✓	✓	✓	✓			
11	Lobby 1												
13	Utility / balcony 1	✓	✓	✓	✓	✓							
14	Utility / balcony 2	✓	✓	✓	✓	✓							
15	Utility / balcony 3												
17	Kitchen						✓	✓	✓	✓	✓	✓	✓
18	Other												
19	Other												
Remarks:													

**Quality Control Check Repot.      Stage: After Brickwork (Apartments)**

Curing.

Tap provide on the floor for curing.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Distance of tap from furthest distance that requires curing. (max permitted 150')	140'-0
Source of water	<input type="checkbox"/> Sump <input type="checkbox"/> OHT <input checked="" type="checkbox"/> Bore-well direct connection <input type="checkbox"/> None
Capacity of source in lts.	
Frequency of curing in number of times a day	3 times a day
Quality of curing	<input checked="" type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad
Quality of infrastructure for curing.	<input checked="" type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad
Remarks:	

Quality Control Check Repot. Stage: After Brickwork (Apartments)

105

Company	P.M.D	Project	P.M.R	Phase	
Prepared by	A. SRUJAN	Sign	A. Srujan	Date	08/07/08
Project Manager		Sign		Date	
Apartment No	305 A block	Other		Other	

Inspection should be done after:

- brickwork is completed
- chicken mesh fixed
- electrical conduct & plumbing work is completed
- water proofing is completed
- after cleaning the apartment.

*Checked*  
*14/4/08*

Brickwork Check.

Notes:

1. Mark ✓ for correct or minor mistake which does not require correction
2. Mark ✗ for minor mistake that requires minor correction.
3. Mark ✗✗ for major mistake that requires correction by replacement or re-fixing.
4. Mark ✗✗✗ for major mistake that cannot be corrected.
5. Wall thickness should be as per plan. Use of 4", 6" & 8" blocks must be checked.
6. All walls should have 2 beds of about 2" to 3" thickness with one no. 6 mm or 8 mm rod with M15 CC.
7. Chicken mesh should be used in each and every joint between RCC & Brickwork.
8. Joint between brickwork & beam on external side must be filled.
9. Check room dimensions with working plan. (Tolerance: 1")
10. Diagonals of each room shall be equal. (Tolerance: 2")
11. Balcony sill level should be 3'3" from SFL. (Tolerance: 1")
12. Check room height with specified height. (Tolerance: 1")
13. Check plumb of walls where ever it appears to be out of plumb. (Tolerance: 1/2")
14. Specify the No. of beams which are not aligned by more than 1" in a room.

*Arindam*



**Quality Control Check Report. Stage: After Brickwork (Apartments)**

S No	Room	Wall thickness <sup>5</sup> (✓ or ✗)	Beds in walls <sup>6</sup> (✓ or ✗)	Chicken mesh <sup>7</sup> (✓ or ✗)	External brickwork & beam joint <sup>8</sup> (✓ or ✗)	Room Dimensions <sup>9</sup> (✓ or ✗)	Room Dimensions <sup>9</sup> - Difference in inches	Diagonal <sup>10</sup> (✓ or ✗)	Diagonal <sup>10</sup> - Difference in inches	Balcony sill level <sup>11</sup> (✓ or ✗)	Room Height <sup>12</sup> (✓ or ✗)	Plumb of walls <sup>13</sup> (Good/Avg./Bad)	Alignment of beams and walls <sup>14</sup> - Nos.
1	Bedroom 1	✓	✓	✓	✓	✓	✓	✓	✓		✓	Good	
2	Toilet 1	✓	✓	✓	✓	✓	✓	✓	✓		✓	Good	
3	Bedroom 2	✓	✓	✓	✓	✓	✓	✓	✓		✓	Good	
4	Toilet 2	✓	✓	✓	✓	✓	✓	✓	✓		✓	Any	
5	Bedroom 3												
6	Toilet 3												
9	Drawing	✓	✓	✓	✓	✓	✓	✓	✓		✓	Good	
10	Dining	✓	✓	✓	✓	✗	1" x 3"	✓	✓		✓	Good	
11	Lobby 1												
13	Utility / balcony 1	✓	✓	✓	✓	✗	1" x 3"	✓	✓	✓	✓	Good	
14	Utility / balcony 2	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	Good	
15	Utility / balcony 3												
17	Kitchen	✓	✓	✓	✓	✓	✓	✓	✓		✓	Good	
18	Other												
19	Other												
Remarks													

**Quality Control Check Repot.      Stage: After Brickwork (Apartments)**

Quality of edges and corners in all rooms?	<input checked="" type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad
Specify rooms that need correction:	

Misc. Checks.

Was a proportion box provided?	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>NA</i>
Size of proportion box?	cft <i>NA</i>
Condition of proportion box?	<input type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad <i>NA</i>
Was the Apartment cleaned before starting brick work?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Cant' say <i>NA</i>
Is the Apartment cleaned for plastering?	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>NA</i>
Wastage?	<input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low <i>NA</i>
Storage of building material like bricks sand and cement.	<input type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad <i>NA</i>
Water proofing quality & height? (height should be 6" above SFL)	<input checked="" type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad
Do all bathrooms have sunken slab?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Remarks:	

Door Frames & Windows check

Notes:

1. Mark ✓ for correct or minor mistake which does not require correction
2. Mark ✗ for minor mistake that requires minor correction.
3. Mark ✗✗ for major mistake that requires correction by replacement or re-fixing.
4. Mark ✗✗✗ for major mistake that cannot be corrected.
5. Window template depth should be between 2 to 2 ½" after plastering.
6. Lentil level should be 7'3" from SFL & 7' from FFL. (Tolerance 1")
7. Lofts should be at a height of 7' to 7'3" from FFL. Kitchen plat from should be at a height of 32" or 33" from FFL and 35" or 36" from SFL. (Tolerance 1")
8. Slopes of lofts and kitchen platforms to be checked by using 12" spirit level and check height from floor from 2 or 3 points.
9. Thickness of platforms & lofts should be between 2 & 2.5".

**Quality Control Check Repot.      Stage: After Brickwork (Apartments)**

S No	Room	Door size (✓ or ✗)	Door face (✓ or ✗)	Door lentil level (✓ or ✗)	Door diagonal check (✓ or ✗)	Door Plumb - two sides (✓ or ✗)	Windows lentil & sill level	Windows size (✓ or ✗)	Windows - template depth	Windows - template diagonal (✓ or ✗)	Loft & Kitchen platform height (✓ or ✗)	Loft & Kitchen platform slope (✓ or ✗)	Loft & Kitchen platform thickness (✓ or ✗)
1	Bedroom 1	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
2	Toilet 1	✓	✓	✓	✓	✓	✓	✓					
3	Bedroom 2	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
4	Toilet 2	✓	✓	✓	✓	✓	✓	✓					
5	Bedroom 3												
6	Toilet 3												
9	Drawing	✓	✓	✓	✓	✓	✓	✓	✓	✓			
10	Dining						✓	✓	✓	✓			
11	Lobby 1												
13	Utility / balcony 1	✓	✓	✓	✓	✓							
14	Utility / balcony 2	✓	✓	✓	✓	✓							
15	Utility / balcony 3												
17	Kitchen						✓	✓	✓	✓	✓	✓	✓
18	Other												
19	Other												
Remarks:													

**Quality Control Check Repot.      Stage: After Brickwork (Apartments)**

Curing.

Tap provide on the floor for curing.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Distance of tap from furthest distance that requires curing. (max permitted 150')	140'-0
Source of water	<input type="checkbox"/> Sump <input type="checkbox"/> OHT <input checked="" type="checkbox"/> Bore-well direct connection <input type="checkbox"/> None
Capacity of source in lts.	
Frequency of curing in number of times a day	3 Times a day
Quality of curing	<input checked="" type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad
Quality of infrastructure for curing.	<input checked="" type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad
Remarks:	

Quality Control Check Report      Stage: After Brickwork (Apartments)

/plantain 102

Company	P.M.D	Project	P.M.R	Phase	
Prepared by	A. Srujan	Sign	A. Srujan	Date	08/07/08
Project Manager		Sign		Date	
Apartment No	302 A-Block	Other		Other	

checked  
 on  
 2/9/08

Inspection should be done after:

- brickwork is completed
- chicken mesh fixed
- electrical conduct & plumbing work is completed
- water proofing is completed
- after cleaning the apartment.

Brickwork Check.

Notes:

1. Mark ✓ for correct or minor mistake which does not require correction
2. Mark ✗ for minor mistake that requires minor correction.
3. Mark ✗✗ for major mistake that requires correction by replacement or re-fixing.
4. Mark ✗✗✗ for major mistake that cannot be corrected.
5. Wall thickness should be as per plan. Use of 4", 6" & 8" blocks must be checked.
6. All walls should have 2 beds of about 2" to 3" thickness with one no. 6 mm or 8 mm rod with M15 CC.
7. Chicken mesh should be used in each and every joint between RCC & Brickwork.
8. Joint between brickwork & beam on external side must be filled.
9. Check room dimensions with working plan. (Tolerance: 1")
10. Diagonals of each room shall be equal. (Tolerance: 2")
11. Balcony sill level should be 3'3" from SFL. (Tolerance: 1")
12. Check room height with specified height. (Tolerance: 1")
13. Check plumb of walls where ever it appears to be out of plumb. (Tolerance: 1/2")
14. Specify the No. of beams which are not aligned by more than 1" in a room.

*Order*

**Quality Control Check Report. Stage: After Brickwork (Apartments)**

S No	Room	Wall thickness <sup>5</sup> (✓ or ✗)	Beds in walls <sup>6</sup> (✓ or ✗)	Chicken mesh <sup>7</sup> (✓ or ✗)	External brickwork & beam joint <sup>8</sup> (✓ or ✗)	Room Dimensions <sup>9</sup> (✓ or ✗)	Room Dimensions <sup>9</sup> - Difference in inches	Diagonal <sup>10</sup> (✓ or ✗)	Diagonal <sup>10</sup> - Difference in inches	Balcony sill level <sup>11</sup> (✓ or ✗)	Room Height <sup>12</sup> (✓ or ✗)	Plumb of walls <sup>13</sup> (Good/Avg./Bad)	Alignment of beams and walls <sup>14</sup> - Nos.
1	Bedroom 1	✓	✓	✓	✓	✓	—	✓	—		✓	Avg	
2	Toilet 1	✓	✓	✓	✓	✓	—	✓	—		✓	Good	
3	Bedroom 2	✓	✓	✓	✓	✗	1" x 2"	✓	—		✓	Good	
4	Toilet 2	✓	✓	✓	✓	✓	—	✓	—		✓	Good	
5	Bedroom 3	✓	✓	✓	✓	✓	—	✓	—		✓	Good	
6	Toilet 3	✓	✓	✓	✓	✗	1" x 2"	✓	—		✓	Good	
9	Drawing	✓	✓	✓	✓	✗	1" x 2"	✓	—		✓	Good	
10	Dining	✓	✓	✓	✓	✗	1" x 1/2"	✓	—		✓	Good	
11	Lobby 1												
13	Utility / balcony 1	✓	✓	✓	✓	✓	—	✓	—	✓	✓	Good	
14	Utility / balcony 2	✓	✓	✓	✓	✓	—	✓	—	✓	✓	Good	
15	Utility / balcony 3												
17	Kitchen	✓	✓	✓	✓	✓	—	✓	—		✓	Good	
18	Other	✓	✓	✓	✓	✗	1" x 2"	✓	—		✓	Good	
19	Other												
Remarks													

**Quality Control Check Repot.      Stage: After Brickwork (Apartments)**

Quality of edges and corners in all rooms?	<input checked="" type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad
Specify rooms that need correction:	

Misc. Checks.

Was a proportion box provided?	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>N/A</i>
Size of proportion box?	cft <i>N/A</i>
Condition of proportion box?	<input type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad <i>N/A</i>
Was the Apartment cleaned before starting brick work?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Cant' say <i>N/A</i>
Is the Apartment cleaned for plastering?	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>N/A</i>
Wastage?	<input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low <i>N/A</i>
Storage of building material like bricks sand and cement.	<input type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad <i>N/A</i>
Water proofing quality & height? (height should be 6" above SFL)	<input checked="" type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad
Do all bathrooms have sunken slab?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Remarks:	

Door Frames & Windows check

Notes:

1. Mark ✓ for correct or minor mistake which does not require correction
2. Mark ✕ for minor mistake that requires minor correction.
3. Mark ✕✕ for major mistake that requires correction by replacement or re-fixing.
4. Mark ✕✕✕ for major mistake that cannot be corrected.
5. Window template depth should be between 2 to 2 ½" after plastering.
6. Lintel level should be 7'3" from SFL & 7' from FFL. (Tolerance 1")
7. Lofts should be at a height of 7' to 7'3" from FFL. Kitchen plat from should be at a height of 32" or 33" from FFL and 35" or 36" from SFL. (Tolerance 1")
8. Slopes of lofts and kitchen platforms to be checked by using 12" spirit level and check height from floor from 2 or 3 points.
9. Thickness of platforms & lofts should be between 2 & 2.5".

**Quality Control Check Repot.      Stage: After Brickwork (Apartments)**

S No	Room	Door size (✓ or ✗)	Door face (✓ or ✗)	Door lentil level (✓ or ✗)	Door diagonal check (✓ or ✗)	Door Plumb - two sides (✓ or ✗)	Windows lentil & sill level	Windows size (✓ or ✗)	Windows - template depth <sup>s</sup>	Windows - template diagonal (✓ or ✗)	Loft & Kitchen platform height (✓ or ✗)	Loft & Kitchen platform slope (✓ or ✗)	Loft & Kitchen platform thickness (✓ or ✗)
1	Bedroom 1	✓	✓	✓	✓	✓	✓	✓	2 1/4"	✓	✓	✓	✓
2	Toilet 1	✓	✓	✓	✓	✓	✓	✓	1	✓	✓	✓	✓
3	Bedroom 2	✓	✓	✓	✓	✓	✓	✓	4 1/2"	✓	✓	✓	✓
4	Toilet 2	✓	✓	✓	✓	✓	✓	✓	1	✓	✓	✓	✓
5	Bedroom 3	✓	✓	✓	✓	✓	✓	✓	4 1/2"	✓	✓	✓	✓
6	Toilet 3	✓	✓	✓	✓	✓	✓	✓	1	✓	✓	✓	✓
9	Drawing	✓	✓	✓	✓	✓	✓	✓	5"	✓	✓	✓	✓
10	Dining						✓	✓	2 1/2"	✓			
11	Lobby 1												
13	Utility / balcony 1	✓	✓	✓	✓	✓			1				
14	Utility / balcony 2	✓	✓	✓	✓	✓							
15	Utility / balcony 3												
17	Kitchen	✓	✓	✓	✓	✓	✓	✓	4 1/2"	✓	✓	✓	✓
18	Other	✓	✓	✓	✓	✓	✓	✓	2 1/2"	✓	✓	✓	✓
19	Other												
Remarks:													



**Quality Control Check Repot.      Stage: After Brickwork (Apartments)**

Curing.

Tap provide on the floor for curing.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Distance of tap from furthest distance that requires curing. (max permitted 150')	
Source of water	<input type="checkbox"/> Sump <input type="checkbox"/> OHT <input type="checkbox"/> Bore-well direct connection <input type="checkbox"/> None
Capacity of source in lts.	
Frequency of curing in number of times a day	
Quality of curing	<input type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad
Quality of infrastructure for curing.	<input type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad
Remarks:	

Quality Control Check Repot. Stage: After Brickwork (Apartments)

103

Company	P.M.D	Project	P.M.R	Phase	
Prepared by	A. RUFAN	Sign	A. RUFAN	Date	08/03/08
Project Manager		Sign		Date	
Apartment No	303 A Block	Other		Other	

Inspection should be done after:

- brickwork is completed
- chicken mesh fixed
- electrical conduct & plumbing work is completed
- water proofing is completed
- after cleaning the apartment.

*Checked*  
*14/4/08*

Brickwork Check.

Notes:

1. Mark ✓ for correct or minor mistake which does not require correction
2. Mark ✗ for minor mistake that requires minor correction.
3. Mark ✗✗ for major mistake that requires correction by replacement or re-fixing.
4. Mark ✗✗✗ for major mistake that cannot be corrected.
5. Wall thickness should be as per plan. Use of 4", 6" & 8" blocks must be checked.
6. All walls should have 2 beds of about 2" to 3" thickness with one no. 6 mm or 8 mm rod with M15 CC.
7. Chicken mesh should be used in each and every joint between RCC & Brickwork.
8. Joint between brickwork & beam on external side must be filled.
9. Check room dimensions with working plan. (Tolerance: 1")
10. Diagonals of each room shall be equal. (Tolerance: 2")
11. Balcony sill level should be 3'3" from SFL. (Tolerance: 1")
12. Check room height with specified height. (Tolerance: 1")
13. Check plumb of walls where ever it appears to be out of plumb. (Tolerance: 1/2")
14. Specify the No. of beams which are not aligned by more than 1" in a room.

*End*

**Quality Control Check Repot.      Stage: After Brickwork (Apartments)**

S No	Room	Wall thickness <sup>5</sup> (✓ or ✗)	Beds in walls <sup>6</sup> (✓ or ✗)	Chicken mesh <sup>7</sup> (✓ or ✗)	External brickwork & beam joint <sup>8</sup> (✓ or ✗)	Room Dimensions <sup>9</sup> (✓ or ✗)	Room Dimensions <sup>9</sup> - Difference in inches	Diagonal <sup>10</sup> (✓ or ✗)	Diagonal <sup>10</sup> - Difference in inches	Balcony sill level <sup>11</sup> (✓ or ✗)	Room Height <sup>12</sup> (✓ or ✗)	Plumb of walls <sup>13</sup> (Good/Avg./Bad)	Alignment of beams and walls <sup>14</sup> - Nos.
1	Bedroom 1	✓	✓	✓	✓	✓	✓	✓	✓		✓	✓	
2	Toilet 1	✓	✓	✓	✓	✗	1" 2"	✓	✓		✓	✓	
3	Bedroom 2	✓	✓	✓	✓	✗	1" 2" 3"	✗	2"		✓	✓	
4	Toilet 2	✓	✓	✓	✓	✓	✓	✓	✓		✓	✓	
5	Bedroom 3												
6	Toilet 3												
9	Drawing	✓	✓	✓	✓	✓	✓	✓	✓		✓	✓	
10	Dining					✗	2"						
11	Lobby 1												
13	Utility / balcony 1	✓	✓	✓	✓	✗	6" <del>2"</del>	✓	✓	✓	✓	✓	
14	Utility / balcony 2	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
15	Utility / balcony 3												
17	Kitchen	✓	✓	✓	✓	✓	✓	✓	✓		✓	✓	
18	Other												
19	Other												
Remarks													

**Quality Control Check Repot.      Stage: After Brickwork (Apartments)**

Quality of edges and corners in all rooms?	<input checked="" type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad
Specify rooms that need correction:	

Misc. Checks.

Was a proportion box provided?	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>NA</i>
Size of proportion box?	cft <i>NA</i>
Condition of proportion box?	<input type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad <i>NA</i>
Was the Apartment cleaned before starting brick work?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Cant' say <i>NA</i>
Is the Apartment cleaned for plastering?	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>NA</i>
Wastage?	<input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low <i>NA</i>
Storage of building material like bricks sand and cement.	<input type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad <i>NA</i>
Water proofing quality & height? (height should be 6" above SFL)	<input checked="" type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad
Do all bathrooms have sunken slab?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Remarks:	

Door Frames & Windows check

Notes:

1. Mark ✓ for correct or minor mistake which does not require correction
2. Mark ✗ for minor mistake that requires minor correction.
3. Mark ✗✗ for major mistake that requires correction by replacement or re-fixing.
4. Mark ✗✗✗ for major mistake that cannot be corrected.
5. Window template depth should be between 2 to 2 ½" after plastering.
6. Lintel level should be 7'3" from SFL & 7' from FFL. (Tolerance 1")
7. Lofts should be at a height of 7' to 7'3" from FFL. Kitchen plat from should be at a height of 32" or 33" from FFL and 35" or 36" from SFL. (Tolerance 1")
8. Slopes of lofts and kitchen platforms to be checked by using 12" spirit level and check height from floor from 2 or 3 points.
9. Thickness of platforms & lofts should be between 2 & 2.5".

**Quality Control Check Repot.      Stage: After Brickwork (Apartments)**

S No	Room	Door size (✓ or ✗)	Door face (✓ or ✗)	Door lentil level (✓ or ✗)	Door diagonal check (✓ or ✗)	Door Plumb - two sides (✓ or ✗)	Windows lentil & sill level	Windows size (✓ or ✗)	Windows - template depth	Windows - template diagonal (✓ or ✗)	Loft & Kitchen platform height (✓ or ✗)	Loft & Kitchen platform slope (✓ or ✗)	Loft & Kitchen platform thickness (✓ or ✗)
1	Bedroom 1	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
2	Toilet 1	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
3	Bedroom 2	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
4	Toilet 2	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
5	Bedroom 3												
6	Toilet 3												
9	Drawing	✓	✓	✓	✓	✓	✓	✓	✓	✓			
10	Dining						✓	✓	✓	✓			
11	Lobby 1												
13	Utility / balcony 1	✓	✓	✓	✓	✓							
14	Utility / balcony 2	✓	✓	✓	✓	✓							
15	Utility / balcony 3												
17	Kitchen	✓					✓	✓	✓	✓	✓	✓	✓
18	Other												
19	Other												
Remarks:													

**Quality Control Check Repot.      Stage: After Brickwork (Apartments)**

**Curing.**

Tap provide on the floor for curing.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Distance of tap from furthest distance that requires curing. (max permitted 150')	140' 0
Source of water	<input type="checkbox"/> Sump <input type="checkbox"/> OHT <input checked="" type="checkbox"/> Bore-well direct connection <input type="checkbox"/> None
Capacity of source in lts.	
Frequency of curing in number of times a day	3 times a day
Quality of curing	<input checked="" type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad
Quality of infrastructure for curing.	<input checked="" type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad
Remarks:	

**Quality Control Check Repot.      Stage: After Brickwork (Apartments)**

106

Company	P.H.D	Project	P.M.R	Phase	
Prepared by	A. SRUJAN	Sign	A. Sanyal	Date	08/07/08
Project Manager		Sign		Date	
Apartment No	306 A block	Other		Other	

Inspection should be done after:

- brickwork is completed
- chicken mesh fixed
- electrical conduct & plumbing work is completed
- water proofing is completed
- after cleaning the apartment.

*Checked  
14/11/08*

Brickwork Check.

Notes:

1. Mark ✓ for correct or minor mistake which does not require correction
2. Mark ✗ for minor mistake that requires minor correction.
3. Mark ✗✗ for major mistake that requires correction by replacement or re-fixing.
4. Mark ✗✗✗ for major mistake that cannot be corrected.
5. Wall thickness should be as per plan. Use of 4", 6" & 8" blocks must be checked.
6. All walls should have 2 beds of about 2" to 3" thickness with one no. 6 mm or 8 mm rod with M15 CC.
7. Chicken mesh should be used in each and every joint between RCC & Brickwork.
8. Joint between brickwork & beam on external side must be filled.
9. Check room dimensions with working plan. (Tolerance: 1")
10. Diagonals of each room shall be equal. (Tolerance: 2")
11. Balcony sill level should be 3'3" from SFL. (Tolerance: 1")
12. Check room height with specified height. (Tolerance: 1")
13. Check plumb of walls where ever it appears to be out of plumb. (Tolerance: 1/2")
14. Specify the No. of beams which are not aligned by more than 1" in a room.

*Endor*

**Quality Control Check Report. Stage: After Brickwork (Apartments)**

S No	Room	Wall thickness <sup>5</sup> (✓ or ✗)	Beds in walls <sup>6</sup> (✓ or ✗)	Chicken mesh <sup>7</sup> (✓ or ✗)	External brickwork & beam joint <sup>8</sup> (✓ or ✗)	Room Dimensions <sup>9</sup> (✓ or ✗)	Room Dimensions <sup>9</sup> - Difference in inches	Diagonal <sup>10</sup> (✓ or ✗)	Diagonal <sup>10</sup> - Difference in inches	Balcony sill level <sup>11</sup> (✓ or ✗)	Room Height <sup>12</sup> (✓ or ✗)	Plumb of walls <sup>13</sup> (Good/Avg./Bad)	Alignment of beams and walls <sup>14</sup> - Nos.
1	Bedroom 1	✓	✓	✓	✓	✓	1	✓	1		✓	Good	
2	Toilet 1	✓	✓	✓	✓	✓	1	✓	1		✓	Good	
3	Bedroom 2	✓	✓	✓	✓	✓	1	✓	1		✓	Good	
4	Toilet 2	✓	✓	✓	✗	✓	1	✓	1		✓	Avg	
5	Bedroom 3												
6	Toilet 3												
9	Drawing	✓	✓	✓	✓	✓	1	✓	1		✓	Good	
10	Dining	✓	✓	✓	✓	✗ - 3" x 2"		✓	1		✓	Good	
11	Lobby 1												
13	Utility / balcony 1	✓	✓	✓	✓	✓	1	✓	1	✓	✓	Good	
14	Utility / balcony 2	✓	✓	✓	✓	✓	1	✓	1	✓	✓	Good	
15	Utility / balcony 3												
17	Kitchen	✓	✓	✓	✓	✓ - 3" x 3"		✓	1		✓	Good	
18	Other												
19	Other												
Remarks													



**Quality Control Check Repot.      Stage: After Brickwork (Apartments)**

Quality of edges and corners in all rooms?	<input checked="" type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad
Specify rooms that need correction:	

Misc. Checks.

Was a proportion box provided?	<input type="checkbox"/> Yes <input type="checkbox"/> No	NA
Size of proportion box?	cft	NA
Condition of proportion box?	<input type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad	NA
Was the Apartment cleaned before starting brick work?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Cant' say	NA
Is the Apartment cleaned for plastering?	<input type="checkbox"/> Yes <input type="checkbox"/> No	NA
Wastage?	<input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low	NA
Storage of building material like bricks sand and cement.	<input type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad	NA
Water proofing quality & height? (height should be 6" above SFL)	<input checked="" type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad	
Do all bathrooms have sunken slab?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Remarks:		

Door Frames & Windows check

Notes:

1. Mark ✓ for correct or minor mistake which does not require correction
2. Mark ✗ for minor mistake that requires minor correction.
3. Mark ✗✗ for major mistake that requires correction by replacement or re-fixing.
4. Mark ✗✗✗ for major mistake that cannot be corrected.
5. Window template depth should be between 2 to 2 ½" after plastering.
6. Lintel level should be 7'3" from SFL & 7' from FFL. (Tolerance 1")
7. Lofts should be at a height of 7' to 7'3" from FFL. Kitchen plat from should be at a height of 32" or 33" from FFL and 35" or 36" from SFL. (Tolerance 1")
8. Slopes of lofts and kitchen platforms to be checked by using 12" spirit level and check height from floor from 2 or 3 points.
9. Thickness of platforms & lofts should be between 2 & 2.5".

**Quality Control Check Repot.      Stage: After Brickwork (Apartments)**

S No	Room	Door size (✓ or ✗)	Door face (✓ or ✗)	Door lentil level (✓ or ✗)	Door diagonal check (✓ or ✗)	Door Plumb - two sides (✓ or ✗)	Windows lentil & sill level	Windows size (✓ or ✗)	Windows - template depth	Windows - template diagonal (✓ or ✗)	Loft & Kitchen platform height (✓ or ✗)	Loft & Kitchen platform slope (✓ or ✗)	Loft & Kitchen platform thickness (✓ or ✗)
1	Bedroom 1	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
2	Toilet 1	✓	✓	✓	✓	✓	✓	✓					
3	Bedroom 2	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
4	Toilet 2	✓	✓	✓	✓	✓	✓	✓					
5	Bedroom 3												
6	Toilet 3												
9	Drawing	✓	✓	✓	✓	✓	✓	✓	✓	✓			
10	Dining						✓	✓	✓	✓			
11	Lobby 1												
13	Utility / balcony 1	✓	✓	✓	✓	✓							
14	Utility / balcony 2	✓	✓	✓	✓	✓							
15	Utility / balcony 3												
17	Kitchen						✓	✓	✓	✓	✓	✓	✓
18	Other												
19	Other												
Remarks:													

**Quality Control Check Repot.      Stage: After Brickwork (Apartments)**

Curing.

Tap provide on the floor for curing.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Distance of tap from furthest distance that requires curing. (max permitted 150')	145'.0
Source of water	<input type="checkbox"/> Sump <input type="checkbox"/> OHT <input checked="" type="checkbox"/> Bore-well direct connection <input type="checkbox"/> None
Capacity of source in lts.	
Frequency of curing in number of times a day	2 times a day
Quality of curing	<input checked="" type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad
Quality of infrastructure for curing.	<input checked="" type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad
Remarks:	

Quality Control Check Report. Stage: After Brickwork (Apartments)

107

Company	PMD	Project	P. M. R	Phase	
Prepared by	A SRIVAN	Sign	A Srinivasulu	Date	08/07/05
Project Manager		Sign		Date	
Apartment No	307 A block	Other		Other	

Inspection should be done after:

- brickwork is completed
- chicken mesh fixed
- electrical conduct & plumbing work is completed
- water proofing is completed
- after cleaning the apartment.

*Checked  
14/11/05*

Brickwork Check.

Notes:

1. Mark ✓ for correct or minor mistake which does not require correction
2. Mark ✗ for minor mistake that requires minor correction.
3. Mark ✗✗ for major mistake that requires correction by replacement or re-fixing.
4. Mark ✗✗✗ for major mistake that cannot be corrected.
5. Wall thickness should be as per plan. Use of 4", 6" & 8" blocks must be checked.
6. All walls should have 2 beds of about 2" to 3" thickness with one no. 6 mm or 8 mm rod with M15 CC.
7. Chicken mesh should be used in each and every joint between RCC & Brickwork.
8. Joint between brickwork & beam on external side must be filled.
9. Check room dimensions with working plan. (Tolerance: 1")
10. Diagonals of each room shall be equal. (Tolerance: 2")
11. Balcony sill level should be 3'3" from SFL. (Tolerance: 1")
12. Check room height with specified height. (Tolerance: 1")
13. Check plumb of walls where ever it appears to be out of plumb. (Tolerance: 1/2")
14. Specify the No. of beams which are not aligned by more than 1" in a room.

*End*

**Quality Control Check Report. Stage: After Brickwork (Apartments)**

S No	Room	Wall thickness <sup>5</sup> (✓ or ✗)	Beds in walls <sup>6</sup> (✓ or ✗)	Chicken mesh <sup>7</sup> (✓ or ✗)	External brickwork & beam joint <sup>8</sup> (✓ or ✗)	Room Dimensions <sup>9</sup> (✓ or ✗)	Room Dimensions <sup>9</sup> - Difference in inches	Diagonal <sup>10</sup> (✓ or ✗)	Diagonal <sup>10</sup> - Difference in inches	Balcony sill level <sup>11</sup> (✓ or ✗)	Room Height <sup>12</sup> (✓ or ✗)	Plumb of walls <sup>13</sup> (Good/Avg./Bad)	Alignment of beams and walls <sup>14</sup> - Nos.
1	Bedroom 1	✓	✓	✓	✓	✓	✓	✓	✓		✓	Good	
2	Toilet 1	✓	✓	✓	✓	✓	✓	✓	✓		✓	Good	
3	Bedroom 2	✓	✓	✓	✓	✓	✓	✓	✓		✓	Good	
4	Toilet 2	✓	✓	✓	✓	✓	✓	✓	✓		✓	Good	
5	Bedroom 3	✓	✓	✓	✓	✓	✓	✓	✓		✓	Good	
6	Toilet 3	✓	✓	✓	✓	✓	✓	✓	✓		✓	Good	
9	Drawing	✓	✓	✓	✓	✓	✓	✓	✓		✓	Good	
10	Dining	✓	✓	✓	✓	✓	✓	✓	✓		✓	Good	
11	Lobby 1												
13	Utility / balcony 1	✓	✓	✓	✓	✗	1" 5"	✓	✓	✓	✓	Good	
14	Utility / balcony 2	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	Good	
15	Utility / balcony 3												
17	Kitchen	✓	✓	✓	NA	✓	✓	✓	✓		✓	Good	
18	Other	✓	✓	✓	NA	✗	3"	✓	✓		✓	Good	
19	Other												
Remarks													

**Quality Control Check Report. Stage: After Brickwork (Apartments)**

Quality of edges and corners in all rooms?	<input checked="" type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad
Specify rooms that need correction:	

Misc. Checks.

Was a proportion box provided?	<input type="checkbox"/> Yes <input type="checkbox"/> No	NA
Size of proportion box?	cft	NA
Condition of proportion box?	<input type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad	NA
Was the Apartment cleaned before starting brick work?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Cant' say	NA
Is the Apartment cleaned for plastering?	<input type="checkbox"/> Yes <input type="checkbox"/> No	NA
Wastage?	<input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low	NA
Storage of building material like bricks sand and cement.	<input type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad	NA
Water proofing quality & height? (height should be 6" above SFL)	<input checked="" type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad	
Do all bathrooms have sunken slab?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Remarks:		

Door Frames & Windows check

Notes:

1. Mark ✓ for correct or minor mistake which does not require correction
2. Mark ✗ for minor mistake that requires minor correction.
3. Mark ✗✗ for major mistake that requires correction by replacement or re-fixing.
4. Mark ✗✗✗ for major mistake that cannot be corrected.
5. Window template depth should be between 2 to 2 ½" after plastering.
6. Lintel level should be 7'3" from SFL & 7' from FFL. (Tolerance 1")
7. Lofts should be at a height of 7' to 7'3" from FFL. Kitchen platform should be at a height of 32" or 33" from FFL and 35" or 36" from SFL. (Tolerance 1")
8. Slopes of lofts and kitchen platforms to be checked by using 12" spirit level and check height from floor from 2 or 3 points.
9. Thickness of platforms & lofts should be between 2 & 2.5".

**Quality Control Check Repot.      Stage: After Brickwork (Apartments)**

S No	Room	Door size (✓ or ✗)	Door face (✓ or ✗)	Door lentil level (✓ or ✗)	Door diagonal check (✓ or ✗)	Door Plumb - two sides (✓ or ✗)	Windows lentil & sill level	Windows size (✓ or ✗)	Windows - template depth <sup>5</sup>	Windows - template diagonal (✓ or ✗)	Loft & Kitchen platform height (✓ or ✗)	Loft & Kitchen platform slope (✓ or ✗)	Loft & Kitchen platform thickness (✓ or ✗)
1	Bedroom 1	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
2	Toilet 1	✓	✓	✓	✓	✓	✓	✓					
3	Bedroom 2	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
4	Toilet 2	✓	✓	✓	✓	✓	✓	✓					
5	Bedroom 3	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
6	Toilet 3	✓	✓	✓	✓	✓	✓	✓					
9	Drawing	✓	✓	✓	✓	✓	✓	✓	✓	✓			
10	Dining						✓	✓	✓	✓			
11	Lobby 1												
13	Utility / balcony 1	✓	✓	✓	✓	✓							
14	Utility / balcony 2	✓	✓	✓	✓	✓							
15	Utility / balcony 3												
17	Kitchen						✓	✓	✓	✓	✓	✓	✓
18	Other	✓	✓	✓	✓	✓	✓	✓			✓	✓	✓
19	Other												
Remarks:													

**Quality Control Check Repot.      Stage: After Brickwork (Apartments)**

Curing.

Tap provide on the floor for curing.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Distance of tap from furthest distance that requires curing. (max permitted 150')	145' 0
Source of water	<input type="checkbox"/> Sump <input type="checkbox"/> OHT <input checked="" type="checkbox"/> Bore-well direct connection <input type="checkbox"/> None
Capacity of source in lts.	
Frequency of curing in number of times a day	3 times a day
Quality of curing	<input checked="" type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad
Quality of infrastructure for curing.	<input checked="" type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad
Remarks:	



Quality Control Check Report. Stage: After Brickwork (Apartments)

108

Company	PMD	Project	P M R	Phase	
Prepared by	A SRUJAN	Sign	A Sanyal	Date	08/07/06
Project Manager		Sign		Date	
Apartment No	308 A Block	Other		Other	

Inspection should be done after:

- brickwork is completed
- chicken mesh fixed
- electrical conduct & plumbing work is completed
- water proofing is completed
- after cleaning the apartment.

*Checked  
14/4/06*

Brickwork Check.

Notes:

1. Mark ✓ for correct or minor mistake which does not require correction
2. Mark ✗ for minor mistake that requires minor correction.
3. Mark ✗✗ for major mistake that requires correction by replacement or re-fixing.
4. Mark ✗✗✗ for major mistake that cannot be corrected.
5. Wall thickness should be as per plan. Use of 4", 6" & 8" blocks must be checked.
6. All walls should have 2 beds of about 2" to 3" thickness with one no. 6 mm or 8 mm rod with M15 CC.
7. Chicken mesh should be used in each and every joint between RCC & Brickwork.
8. Joint between brickwork & beam on external side must be filled.
9. Check room dimensions with working plan. (Tolerance: 1")
10. Diagonals of each room shall be equal. (Tolerance: 2")
11. Balcony sill level should be 3'3" from SFL. (Tolerance: 1")
12. Check room height with specified height. (Tolerance: 1")
13. Check plumb of walls where ever it appears to be out of plumb. (Tolerance: 1/2")
14. Specify the No. of beams which are not aligned by more than 1" in a room.

*Sunder*

**Quality Control Check Report. Stage: After Brickwork (Apartments)**

S No	Room	Wall thickness <sup>5</sup> (✓ or ✗)	Beds in walls <sup>6</sup> (✓ or ✗)	Chicken mesh <sup>7</sup> (✓ or ✗)	External brickwork & beam joint <sup>8</sup> (✓ or ✗)	Room Dimensions <sup>9</sup> (✓ or ✗)	Room Dimensions <sup>9</sup> - Difference in inches	Diagonal <sup>10</sup> (✓ or ✗)	Diagonal <sup>10</sup> - Difference in inches	Balcony sill level <sup>11</sup> (✓ or ✗)	Room Height <sup>12</sup> (✓ or ✗)	Plumb of walls <sup>13</sup> (Good/Avg./Bad)	Alignment of beams and walls <sup>14</sup> - Nos.
1	Bedroom 1	✓	✓	✓	✓	✓	✓	✓	✓		✓	Good	
2	Toilet 1	✓	✓	✓	✓	✓	✓	✓	✓		✓	Good	
3	Bedroom 2	✓	✓	✓	✓	✓	✓	✓	✓		✓	Good	
4	Toilet 2	✓	✓	✓	✓	✗	32" x 4"	✓	✓		✓	Avg	
5	Bedroom 3	✓	✓	✓	✓	✓	✓	✓	✓		✓	Good	
6	Toilet 3	✓	✓	✓	✓	✓	✓	✓	✓		✓	Avg	
9	Drawing	✓	✓	✓	✓	✓	✓	✓	✓		✓	Good	
10	Dining	✓	✓	✓	✓	✗	32"	✓	✓		✓	Good	
11	Lobby 1											<del>Good</del>	
13	Utility / balcony 1	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	Good	
14	Utility / balcony 2	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	Good	
15	Utility / balcony 3												
17	Kitchen	✓	✓	✓	✓	✓	✓	✓	✓		✓	Good	
18	Other	✓	✓	✓	✓	✓	✓	✓	✓		✓	Good	
19	Other												
Remarks													

**Quality Control Check Repot.      Stage: After Brickwork (Apartments)**

Quality of edges and corners in all rooms?	<input checked="" type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad
Specify rooms that need correction:	

Misc. Checks.

Was a proportion box provided?	<input type="checkbox"/> Yes <input type="checkbox"/> No	NA
Size of proportion box?	cft	NA
Condition of proportion box?	<input type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad	NA
Was the Apartment cleaned before starting brick work?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Cant' say	NA
Is the Apartment cleaned for plastering?	<input type="checkbox"/> Yes <input type="checkbox"/> No	NA
Wastage?	<input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low	NA
Storage of building material like bricks sand and cement.	<input type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad	NA
Water proofing quality & height? (height should be 6" above SFL)	<input checked="" type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad	01
Do all bathrooms have sunken slab?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Remarks:		

Door Frames & Windows check

Notes:

1. Mark ✓ for correct or minor mistake which does not require correction
2. Mark ✗ for minor mistake that requires minor correction.
3. Mark ✗✗ for major mistake that requires correction by replacement or re-fixing.
4. Mark ✗✗✗ for major mistake that cannot be corrected.
5. Window template depth should be between 2 to 2 ½" after plastering.
6. Lintel level should be 7'3" from SFL & 7' from FFL. (Tolerance 1")
7. Lofts should be at a height of 7' to 7'3" from FFL. Kitchen plat from should be at a height of 32" or 33" from FFL and 35" or 36" from SFL. (Tolerance 1")
8. Slopes of lofts and kitchen platforms to be checked by using 12" spirit level and check height from floor from 2 or 3 points.
9. Thickness of platforms & lofts should be between 2 & 2.5".

**Quality Control Check Repot.      Stage: After Brickwork (Apartments)**

S No	Room	Door size (✓ or ✗)	Door face (✓ or ✗)	Door lenth level (✓ or ✗)	Door diagonal check (✓ or ✗)	Door Plumb - two sides (✓ or ✗)	Windows lenthil & sill level	Windows size (✓ or ✗)	Windows - template depth <sup>s</sup>	Windows - template diagonal (✓ or ✗)	Loft & Kitchen platform height (✓ or ✗)	Loft & Kitchen platform slope (✓ or ✗)	Loft & Kitchen platform thickness (✓ or ✗)
1	Bedroom 1	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
2	Toilet 1	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
3	Bedroom 2	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
4	Toilet 2	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
5	Bedroom 3	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
6	Toilet 3	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
9	Drawing	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
10	Dining						✓	✓	✓	✓			
11	Lobby 1												
13	Utility / balcony 1	✓	✓	✓	✓	✓							
14	Utility / balcony 2	✓	✓	✓	✓	✓							
15	Utility / balcony 3												
17	Kitchen						✓	✓	✓	✓	✓	✓	✓
18	Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
19	Other												
Remarks:													

**Quality Control Check Repot.      Stage: After Brickwork (Apartments)**

Curing.

Tap provide on the floor for curing.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Distance of tap from furthest distance that requires curing. (max permitted 150')	145'
Source of water	<input type="checkbox"/> Sump <input type="checkbox"/> OHT <input checked="" type="checkbox"/> Bore-well direct connection <input type="checkbox"/> None
Capacity of source in lts.	
Frequency of curing in number of times a day	3 times a day
Quality of curing	<input checked="" type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad
Quality of infrastructure for curing.	<input checked="" type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad
Remarks:	

Quality Control Check Report. Stage: After Brickwork (Apartments)

109

Company	PMD	Project	P M R	Phase	
Prepared by	A SRUJAN	Sign	A Srujan	Date	08/07/08
Project Manager		Sign		Date	
Apartment No	209 A Block	Other		Other	

Inspection should be done after:

- brickwork is completed
- chicken mesh fixed
- electrical conduct & plumbing work is completed
- water proofing is completed
- after cleaning the apartment.

*Checked*  
*14/11/12*

Brickwork Check.

Notes:

1. Mark ✓ for correct or minor mistake which does not require correction
2. Mark ✗ for minor mistake that requires minor correction.
3. Mark ✗✗ for major mistake that requires correction by replacement or re-fixing.
4. Mark ✗✗✗ for major mistake that cannot be corrected.
5. Wall thickness should be as per plan. Use of 4", 6" & 8" blocks must be checked.
6. All walls should have 2 beds of about 2" to 3" thickness with one no. 6 mm or 8 mm rod with M15 CC.
7. Chicken mesh should be used in each and every joint between RCC & Brickwork.
8. Joint between brickwork & beam on external side must be filled.
9. Check room dimensions with working plan. (Tolerance: 1")
10. Diagonals of each room shall be equal. (Tolerance: 2")
11. Balcony sill level should be 3'3" from SFL. (Tolerance: 1")
12. Check room height with specified height. (Tolerance: 1")
13. Check plumb of walls where ever it appears to be out of plumb. (Tolerance: 1/2")
14. Specify the No. of beams which are not aligned by more than 1" in a room.

*Arindam*

**Quality Control Check Repot.**

**Stage: After Brickwork (Apartments)**

S No	Room	Wall thickness <sup>5</sup> (✓ or ✗)	Beds in walls <sup>6</sup> (✓ or ✗)	Chicken mesh <sup>7</sup> (✓ or ✗)	External brickwork & beam joint <sup>8</sup> (✓ or ✗)	Room Dimensions <sup>9</sup> (✓ or ✗)	Room Dimensions <sup>9</sup> - Difference in inches	Diagonal <sup>10</sup> (✓ or ✗)	Diagonal <sup>10</sup> - Difference in inches	Balcony sill level <sup>11</sup> (✓ or ✗)	Room Height <sup>12</sup> (✓ or ✗)	Plumb of walls <sup>13</sup> (Good/Avg./Bad)	Alignment of beams and walls <sup>14</sup> - Nos.
1	Bedroom 1	✓	✓	✓	✓	✓	✓	✓	✓		✓	Good	
2	Toilet 1	✓	✓	✓	✓	✓	✓	✓	✓		✓	Good	
3	Bedroom 2	✓	✓	✓	✓	✓	✓	✓	✓		✓	Good	
4	Toilet 2	✓	✓	✓	✓	✓	✓	✓	✓		✓	Avg	
5	Bedroom 3	✓	✓	✓	✓	✓	✓	✓	✓		✓	Good	
6	Toilet 3	✓	✓	✓	✓	✓	✓	✓	✓		✓	Good	
9	Drawing	✓	✓	✓	✓	✓	✓	✓	✓		✓	Good	
10	Dining	✓	✓	✓	✓	✓	✓	✓	✓		✓	Good	
11	Lobby 1												
13	Utility / balcony 1	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	Good	
14	Utility / balcony 2	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	Good	
15	Utility / balcony 3												
17	Kitchen	✓	✓	✓	✓	✓	✓	✓	✓		✓	Good	
18	Other (Stone Room)	✓	✓	✓	✓	✗	(1/2")	✓	✓		✓	Good	
19	Other												
Remarks													

**Quality Control Check Repot.      Stage: After Brickwork (Apartments)**

Quality of edges and corners in all rooms?	<input checked="" type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad
Specify rooms that need correction:	

Misc. Checks.

Was a proportion box provided?	<input type="checkbox"/> Yes <input type="checkbox"/> No	NA
Size of proportion box?	cft	NA
Condition of proportion box?	<input type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad	NA
Was the Apartment cleaned before starting brick work?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Cant' say	NA
Is the Apartment cleaned for plastering?	<input type="checkbox"/> Yes <input type="checkbox"/> No	NA
Wastage?	<input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low	NA
Storage of building material like bricks sand and cement.	<input type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad	NA
Water proofing quality & height? (height should be 6" above SFL)	<input checked="" type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad	
Do all bathrooms have sunken slab?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Remarks:		

Door Frames & Windows check

Notes:

1. Mark ✓ for correct or minor mistake which does not require correction
2. Mark ✗ for minor mistake that requires minor correction.
3. Mark ✗✗ for major mistake that requires correction by replacement or re-fixing.
4. Mark ✗✗✗ for major mistake that cannot be corrected.
5. Window template depth should be between 2 to 2 1/2" after plastering.
6. Lentil level should be 7'3" from SFL & 7' from FFL. (Tolerance 1")
7. Lofts should be at a height of 7' to 7'3" from FFL. Kitchen plat from should be at a height of 32" or 33" from FFL and 35" or 36" from SFL. (Tolerance 1")
8. Slopes of lofts and kitchen platforms to be checked by using 12" spirit level and check height from floor from 2 or 3 points.
9. Thickness of platforms & lofts should be between 2 & 2.5".



**Quality Control Check Repot.      Stage: After Brickwork (Apartments)**

S No	Room	Door size (✓ or ✗)	Door face (✓ or ✗)	Door lenth level (✓ or ✗)	Door diagonal check (✓ or ✗)	Door Plumb - two sides (✓ or ✗)	Windows lenth & sill level	Windows size (✓ or ✗)	Windows - template depth <sup>5</sup>	Windows - template diagonal (✓ or ✗)	Loft & Kitchen platform height (✓ or ✗)	Loft & Kitchen platform slope (✓ or ✗)	Loft & Kitchen platform thickness (✓ or ✗)
1	Bedroom 1	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
2	Toilet 1	✓	✓	✓	✓	✓	✓	✓					✓
3	Bedroom 2	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
4	Toilet 2	✓	✓	✓	✓	✓	✓	✓					✓
5	Bedroom 3	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
6	Toilet 3	✓	✓	✓	✓	✓	✓	✓					✓
9	Drawing	✓	✓	✓	✓	✓	✓	✓	✓	✓			
10	Dining						✓	✓	✓	✓			
11	Lobby 1												
13	Utility / balcony 1	✓	✓	✓	✓	✓							
14	Utility / balcony 2	✓	✓	✓	✓	✓							
15	Utility / balcony 3												
17	Kitchen						✓	✓	✓	✓	✓	✓	✓
18	Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
19	Other												
Remarks:													

Quality Control Check Report. Stage: After Brickwork (Apartments)

Curing.

Tap provide on the floor for curing.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Distance of tap from furthest distance that requires curing. (max permitted 150')	
Source of water	<input type="checkbox"/> Sump <input type="checkbox"/> OHT <input checked="" type="checkbox"/> Bore-well direct connection <input type="checkbox"/> None
Capacity of source in lts.	
Frequency of curing in number of times a day	<i>2 times a day</i>
Quality of curing	<input checked="" type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad
Quality of infrastructure for curing.	<input checked="" type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad
Remarks:	

Quality Control Check Report. Stage: After Brickwork (Apartments)

/destarim (101)

Company	P.M.B.	Project	P.M.R.	Phase	
Prepared by	A. SRUFAN	Sign	A. Saifuddin	Date	08/07/08
Project Manager		Sign		Date	
Apartment No	301 A-BLOCK	Other		Other	

Inspection should be done after:

- brickwork is completed
- chicken mesh fixed
- electrical conduct & plumbing work is completed
- water proofing is completed
- after cleaning the apartment.

Brickwork Check.

Notes:

1. Mark ✓ for correct or minor mistake which does not require correction
2. Mark ✗ for minor mistake that requires minor correction.
3. Mark ✗✗ for major mistake that requires correction by replacement or re-fixing.
4. Mark ✗✗✗ for major mistake that cannot be corrected.
5. Wall thickness should be as per plan. Use of 4", 6" & 8" blocks must be checked.
6. All walls should have 2 beds of about 2" to 3" thickness with one no. 6 mm or 8 mm rod with M15 CC.
7. Chicken mesh should be used in each and every joint between RCC & Brickwork.
8. Joint between brickwork & beam on external side must be filled.
9. Check room dimensions with working plan. (Tolerance: 1")
10. Diagonals of each room shall be equal. (Tolerance: 2")
11. Balcony sill level should be 3'3" from SFL. (Tolerance: 1")
12. Check room height with specified height. (Tolerance: 1")
13. Check plumb of walls where ever it appears to be out of plumb. (Tolerance: 1/2")
14. Specify the No. of beams which are not aligned by more than 1" in a room.

*Checked*  
*21/4/08.*

*Ends*

Quality Control Check Repot.

Stage: After Brickwork (Apartments)

S No	Room	Wall thickness <sup>5</sup> (✓ or ✗)	Beds in walls <sup>6</sup> (✓ or ✗)	Chicken mesh <sup>7</sup> (✓ or ✗)	External brickwork & beam joint <sup>8</sup> (✓ or ✗)	Room Dimensions <sup>9</sup> (✓ or ✗)	Room Dimensions <sup>9</sup> - Difference in inches	Diagonal <sup>10</sup> (✓ or ✗)	Diagonal <sup>10</sup> - Difference in inches	Balcony sill level <sup>11</sup> (✓ or ✗)	Room Height <sup>12</sup> (✓ or ✗)	Plumb of walls <sup>13</sup> (Good/Avg./Bad)	Alignment of beams and walls <sup>14</sup> - Nos.
1	Bedroom 1	✓	✓	✓	✓	✓	—	✓	—	✓	✓	Good	
2	Toilet 1	✓	✓	✓	✓	✓	—	✓	—	✓	✓	Avg	
3	Bedroom 2	✓	✓	✓	✓	✗	1" x 2"	✓	—	✓	✓	Good	
4	Toilet 2	✓	✓	✓	✓	✓	—	✓	—	✓	✓	Good	
5	Bedroom 3	✓	✓	✓	✓	✓	—	✓	—	✓	✓	Good	
6	Toilet 3	✓	✓	✓	✓	✓	—	✓	—	✓	✓	Good	
9	Drawing	✓	✓	✓	✓	✗	1" x 2"	✓	—	✓	✓	Good	
10	Dining	✓	✓	✓	✓	✗	1" x 2"	✓	—	✓	✓	Good	
11	Lobby 1												
13	Utility / balcony 1	✓	✓	✓	✓	✗	1" x 3"	✓	—	✓	✓	Good	
14	Utility / balcony 2	✓	✓	✓	✓	✗	1" x 2"	✓	—	✓	✓	Good	
15	Utility / balcony 3												
17	Kitchen	✓	✓	✓	✓	✓	—	✓	—	✓	✓	Good	
18	Other	✓	✓	✓	✓	✓	—	✓	—	✓	✓	Good	
19	Other												
Remarks													

**Quality Control Check Repot.      Stage: After Brickwork (Apartments)**

Quality of edges and corners in all rooms?	<input checked="" type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad
Specify rooms that need correction:	

Misc. Checks.

Was a proportion box provided?	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>N.A</i>
Size of proportion box?	cft <i>N.A</i>
Condition of proportion box?	<input type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad <i>N.A</i>
Was the Apartment cleaned before starting brick work?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Cant' say <i>N.A</i>
Is the Apartment cleaned for plastering?	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>N.A</i>
Wastage?	<input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low <i>N.A</i>
Storage of building material like bricks sand and cement.	<input type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad <i>N.A</i>
Water proofing quality & height? (height should be 6" above SFL)	<input checked="" type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad
Do all bathrooms have sunken slab?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Remarks:	

Door Frames & Windows check

Notes:

1. Mark ✓ for correct or minor mistake which does not require correction
2. Mark ✗ for minor mistake that requires minor correction.
3. Mark ✗✗ for major mistake that requires correction by replacement or re-fixing.
4. Mark ✗✗✗ for major mistake that cannot be corrected.
5. Window template depth should be between 2 to 2 ½" after plastering.
6. Lintel level should be 7'3" from SFL & 7' from FFL. (Tolerance 1")
7. Lofts should be at a height of 7' to 7'3" from FFL. Kitchen plat from should be at a height of 32" or 33" from FFL and 35" or 36" from SFL. (Tolerance 1")
8. Slopes of lofts and kitchen platforms to be checked by using 12" spirit level and check height from floor from 2 or 3 points.
9. Thickness of platforms & lofts should be between 2 & 2.5".

**Quality Control Check Report. Stage: After Brickwork (Apartments)**

S No	Room	Door size (✓ or ✗)	Door face (✓ or ✗)	Door lenth level (✓ or ✗)	Door diagonal check (✓ or ✗)	Door Plumb - two sides (✓ or ✗)	Windows lenth & sill level	Windows size (✓ or ✗)	Windows - template depth <sup>s</sup>	Windows - template diagonal (✓ or ✗)	Loft & Kitchen platform height (✓ or ✗)	Loft & Kitchen platform slope (✓ or ✗)	Loft & Kitchen platform thickness (✓ or ✗)
1	Bedroom 1	✓	✓	✓	✓	✓	✓	✓	4 1/2"	✓	✓	✓	✓
2	Toilet 1	✓	✓	✓	✓	✓	✓	✓					
3	Bedroom 2	✓	✓	✓	✓	✓	✓	✓	4 1/2"	✓	✓	✓	✓
4	Toilet 2	✓	✓	✓	✓	✓	✓	✓					
5	Bedroom 3	✓	✓	✓	✓	✓	✓	✓	4 1/2"	✓	✓	✓	✓
6	Toilet 3	✓	✓	✓	✓	✓	✓	✓					
9	Drawing	✓	✓	✓	✓	✓	✓	✓	5"	✓			
10	Dining	✓					✓	✓	2 1/2"	✓			
11	Lobby 1						✓						
13	Utility / balcony 1	✓	✓	✓	✓	✓	✓						
14	Utility / balcony 2	✓	✓	✓	✓	✓							
15	Utility / balcony 3												
17	Kitchen						✓	✓	4 1/2"	✓	✓	✓	✓
18	Other	✓	✓	✓	✓	✓	✓	✓	-		✓	✓	✓
19	Other												
Remarks:													

Quality Control Check Repot.      Stage: After Brickwork (Apartments)

Curing.

Tap provide on the floor for curing.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Distance of tap from furthest distance that requires curing. (max permitted 150')	140'0
Source of water	<input type="checkbox"/> Sump <input type="checkbox"/> OHT <input checked="" type="checkbox"/> Bore-well direct connection <input type="checkbox"/> None
Capacity of source in lts.	
Frequency of curing in number of times a day	3 times a day
Quality of curing	<input checked="" type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad
Quality of infrastructure for curing.	<input type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad
Remarks:	

Quality Control Check Report. Stage: After Brickwork (Apartments)

(116)

Company	PMB	Project	PHR	Phase	
Prepared by	A SRUJAN	Sign	A Srujan	Date	09/08/08
Project Manager		Sign		Date	
Apartment No	107 2 <sup>nd</sup> block	Other		Other	

Inspection should be done after:

- brickwork is completed
- chicken mesh fixed
- electrical conduct & plumbing work is completed
- water proofing is completed
- after cleaning the apartment.

*Checked*  
*by*  
*14/11/08*

Brickwork Check.

Notes:

1. Mark ✓ for correct or minor mistake which does not require correction
2. Mark ✗ for minor mistake that requires minor correction.
3. Mark ✗✗ for major mistake that requires correction by replacement or re-fixing.
4. Mark ✗✗✗ for major mistake that cannot be corrected.
5. Wall thickness should be as per plan. Use of 4", 6" & 8" blocks must be checked.
6. All walls should have 2 beds of about 2" to 3" thickness with one no. 6 mm or 8 mm rod with M15 CC.
7. Chicken mesh should be used in each and every joint between RCC & Brickwork.
8. Joint between brickwork & beam on external side must be filled.
9. Check room dimensions with working plan. (Tolerance: 1")
10. Diagonals of each room shall be equal. (Tolerance: 2")
11. Balcony sill level should be 3'3" from SFL. (Tolerance: 1")
12. Check room height with specified height. (Tolerance: 1")
13. Check plumb of walls where ever it appears to be out of plumb. (Tolerance: 1/2")
14. Specify the No. of beams which are not aligned by more than 1" in a room.

*End*



**Quality Control Check Report. Stage: After Brickwork (Apartments)**

S No	Room	Wall thickness <sup>5</sup> (✓ or ✗)	Beds in walls <sup>6</sup> (✓ or ✗)	Chicken mesh <sup>7</sup> (✓ or ✗)	External brickwork & beam joint <sup>8</sup> (✓ or ✗)	Room Dimensions <sup>9</sup> (✓ or ✗)	Room Dimensions <sup>9</sup> - Difference in inches	Diagonal <sup>10</sup> (✓ or ✗)	Diagonal <sup>10</sup> - Difference in inches	Balcony sill level <sup>11</sup> (✓ or ✗)	Room Height <sup>12</sup> (✓ or ✗)	Plumb of walls <sup>13</sup> (Good/Avg./Bad)	Alignment of beams and walls <sup>14</sup> - Nos.
1	Bedroom 1	✓	✓	✓	✓	✓	✓	✓	✓		✓	Good	
2	Toilet 1	✓	✓	✓	✓	✓	✓	✓	✓		✓	Good	
3	Bedroom 2												
4	Toilet 2												
5	Bedroom 3												
6	Toilet 3												
9	Drawing	✓	✓	✓	✓	✓	✓	✓	✓		✓	Good	
10	Dining												
11	Lobby 1												
13	Utility / balcony 1	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	avg	
14	Utility / balcony 2												
15	Utility / balcony 3												
17	Kitchen	✓	✓	✓	✓	✓	✓	✓	✓		✓	Good	
18	Other												
19	Other												
Remarks													

**Quality Control Check Repot.      Stage: After Brickwork (Apartments)**

Quality of edges and corners in all rooms?	<input checked="" type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad
Specify rooms that need correction:	

Misc. Checks.

Was a proportion box provided?	<input type="checkbox"/> Yes <input type="checkbox"/> No	NA
Size of proportion box?	cft	NA
Condition of proportion box?	<input type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad	NA
Was the Apartment cleaned before starting brick work?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Cant' say	NA
Is the Apartment cleaned for plastering?	<input type="checkbox"/> Yes <input type="checkbox"/> No	NA
Wastage?	<input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low	NA
Storage of building material like bricks sand and cement.	<input type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad	NA
Water proofing quality & height? (height should be 6" above SFL)	<input checked="" type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad	
Do all bathrooms have sunken slab?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Remarks:		

Door Frames & Windows check

Notes:

1. Mark ✓ for correct or minor mistake which does not require correction
2. Mark ✗ for minor mistake that requires minor correction.
3. Mark ✗✗ for major mistake that requires correction by replacement or re-fixing.
4. Mark ✗✗✗ for major mistake that cannot be corrected.
5. Window template depth should be between 2 to 2 ½" after plastering.
6. Lenthil level should be 7'3" from SFL & 7' from FFL. (Tolerance 1")
7. Lofts should be at a height of 7' to 7'3" from FFL. Kitchen plat from should be at a height of 32" or 33" from FFL and 35" or 36" from SFL . (Tolerance 1")
8. Slopes of lofts and kitchen platforms to be checked by using 12" spirit level and check height from floor from 2 or 3 points.
9. Thickness of platforms & lofts should be between 2 & 2.5".

**Quality Control Check Repot.      Stage: After Brickwork (Apartments)**

S No	Room	Door size (✓ or ✗)	Door face (✓ or ✗)	Door lenthil level (✓ or ✗)	Door diagonal check (✓ or ✗)	Door Plumb - two sides (✓ or ✗)	Windows lenthil & sill level	Windows size (✓ or ✗)	Windows - template depth <sup>5</sup>	Windows - template diagonal (✓ or ✗)	Loft & Kitchen platform height (✓ or ✗)	Loft & Kitchen platform slope (✓ or ✗)	Loft & Kitchen platform thickness (✓ or ✗)
1	Bedroom 1	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
2	Toilet 1	✓	✓	✓	✓	✓	✓	✓					
3	Bedroom 2												
4	Toilet 2												
5	Bedroom 3												
6	Toilet 3												
9	Drawing	✓	✓	✓	✓	✓	✓	✓	✓	✓			
10	Dining												
11	Lobby 1												
13	Utility / balcony 1	✓	✓	✓	✓	✓							
14	Utility / balcony 2												
15	Utility / balcony 3												
17	Kitchen						✓	✓	✓	✓	✓	✓	✓
18	Other												
19	Other												
Remarks:													

Quality Control Check Repot.      Stage: After Brickwork (Apartments)

Curing.

Tap provide on the floor for curing.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Distance of tap from furthest distance that requires curing. (max permitted 150')	
Source of water	<input type="checkbox"/> Sump <input type="checkbox"/> OHT <input checked="" type="checkbox"/> Bore-well direct connection <input type="checkbox"/> None
Capacity of source in lts.	
Frequency of curing in number of times a day	
Quality of curing	<input type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad      NA
Quality of infrastructure for curing.	<input type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad      NA
Remarks:	

Quality Control Check Repot. Stage: After Brickwork (Apartments)

117

Company	D M B	Project	D M R	Phase	
Prepared by	A. Sreogan	Sign	A Sreogan	Date	09/04/08
Project Manager		Sign		Date	
Apartment No	108 2 <sup>nd</sup> C Block	Other		Other	

Inspection should be done after:

- brickwork is completed
- chicken mesh fixed
- electrical conduct & plumbing work is completed
- water proofing is completed
- after cleaning the apartment.

Brickwork Check.

Notes:

1. Mark ✓ for correct or minor mistake which does not require correction
2. Mark ✗ for minor mistake that requires minor correction.
3. Mark ✗✗ for major mistake that requires correction by replacement or re-fixing.
4. Mark ✗✗✗ for major mistake that cannot be corrected.
5. Wall thickness should be as per plan. Use of 4", 6" & 8" blocks must be checked.
6. All walls should have 2 beds of about 2" to 3" thickness with one no. 6 mm or 8 mm rod with M15 CC.
7. Chicken mesh should be used in each and every joint between RCC & Brickwork.
8. Joint between brickwork & beam on external side must be filled.
9. Check room dimensions with working plan. (Tolerance: 1")
10. Diagonals of each room shall be equal. (Tolerance: 2")
11. Balcony sill level should be 3'3" from SFL. (Tolerance: 1")
12. Check room height with specified height. (Tolerance: 1")
13. Check plumb of walls where ever it appears to be out of plumb. (Tolerance: 1/2")
14. Specify the No. of beams which are not aligned by more than 1" in a room.

*Ador*

*Checked  
14/4/08*

**Quality Control Check Report. Stage: After Brickwork (Apartments)**

S No	Room	Wall thickness <sup>5</sup> (✓ or ✗)	Beds in walls <sup>6</sup> (✓ or ✗)	Chicken mesh <sup>7</sup> (✓ or ✗)	External brickwork & beam joint <sup>8</sup> (✓ or ✗)	Room Dimensions <sup>9</sup> (✓ or ✗)	Room Dimensions <sup>9</sup> - Difference in inches	Diagonal <sup>10</sup> (✓ or ✗)	Diagonal <sup>10</sup> - Difference in inches	Balcony sill level <sup>11</sup> (✓ or ✗)	Room Height <sup>12</sup> (✓ or ✗)	Plumb of walls <sup>13</sup> (Good/Avg./Bad)	Alignment of beams and walls <sup>14</sup> - Nos.
1	Bedroom 1	✓	✓	✓	✓	✓	-	✓	-		✓	Good	
2	Toilet 1	✓	✓	✓	✓	✓	-	✓	-		✓	Good	
3	Bedroom 2												
4	Toilet 2												
5	Bedroom 3												
6	Toilet 3												
9	Drawing	✓	✓	✓	✓	✓	-	✓	-		✓	Good	
10	Dining												
11	Lobby 1												
13	Utility / balcony 1	✓	✓	✓	✓	✗	-2"	✓	-	✓	✓	Good	
14	Utility / balcony 2												
15	Utility / balcony 3												
17	Kitchen	✓	✓	✓	✓	✓	-	✓	-		✓	Good	
18	Other												
19	Other												
Remarks													

**Quality Control Check Report. Stage: After Brickwork (Apartments)**

Quality of edges and corners in all rooms?	<input checked="" type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad
Specify rooms that need correction:	

Misc. Checks.

Was a proportion box provided?	<input type="checkbox"/> Yes <input type="checkbox"/> No	NA
Size of proportion box?	cft	NA
Condition of proportion box?	<input type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad	NA
Was the Apartment cleaned before starting brick work?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Cant' say	NA
Is the Apartment cleaned for plastering?	<input type="checkbox"/> Yes <input type="checkbox"/> No	NA
Wastage?	<input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low	NA
Storage of building material like bricks sand and cement.	<input type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad	NA
Water proofing quality & height? (height should be 6" above SFL)	<input checked="" type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad	
Do all bathrooms have sunken slab?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Remarks:		

Door Frames & Windows check

Notes:

1. Mark ✓ for correct or minor mistake which does not require correction
2. Mark ✗ for minor mistake that requires minor correction.
3. Mark ✗✗ for major mistake that requires correction by replacement or re-fixing.
4. Mark ✗✗✗ for major mistake that cannot be corrected.
5. Window template depth should be between 2 to 2 ½" after plastering.
6. Lintel level should be 7'3" from SFL & 7' from FFL. (Tolerance 1")
7. Lofts should be at a height of 7' to 7'3" from FFL. Kitchen platform should be at a height of 32" or 33" from FFL and 35" or 36" from SFL. (Tolerance 1")
8. Slopes of lofts and kitchen platforms to be checked by using 12" spirit level and check height from floor from 2 or 3 points.
9. Thickness of platforms & lofts should be between 2 & 2.5".

**Quality Control Check Repot.      Stage: After Brickwork (Apartments)**

S No	Room	Door size (✓ or ✗)	Door face (✓ or ✗)	Door lentil level (✓ or ✗)	Door diagonal check (✓ or ✗)	Door Plumb - two sides (✓ or ✗)	Windows lentil & sill level	Windows size (✓ or ✗)	Windows - template depth <sup>5</sup>	Windows - template diagonal (✓ or ✗)	Loft & Kitchen platform height (✓ or ✗)	Loft & Kitchen platform slope (✓ or ✗)	Loft & Kitchen platform thickness (✓ or ✗)
1	Bedroom 1	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
2	Toilet 1	✓	✓	✓	✓	✓	✓	✓					
3	Bedroom 2												
4	Toilet 2												
5	Bedroom 3												
6	Toilet 3												
9	Drawing	✓	✓	✓	✓	✓	✓	✓	✓	✓			
10	Dining												
11	Lobby 1												
13	Utility / balcony 1	✓	✓	✓	✓	✓							
14	Utility / balcony 2												
15	Utility / balcony 3												
17	Kitchen						✓	✓	✓	✓	✓	✓	✓
18	Other												
19	Other												
Remarks:													



**Quality Control Check Repot.      Stage: After Brickwork (Apartments)**

Curing.

Tap provide on the floor for curing.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Distance of tap from furthest distance that requires curing. (max permitted 150')	
Source of water	<input type="checkbox"/> Sump <input type="checkbox"/> OHT <input checked="" type="checkbox"/> Bore-well direct connection <input type="checkbox"/> None
Capacity of source in lts.	
Frequency of curing in number of times a day	NA
Quality of curing	<input type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad    NA
Quality of infrastructure for curing.	<input type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad    NA
Remarks:	

Quality Control Check Repot.      Stage: After Brickwork (Apartments)

118

Company	PMB	Project	PMR	Phase	
Prepared by	A. Srejan	Sign	A. Srejan	Date	09/07/08
Project Manager		Sign		Date	
Apartment No	1092C Block	Other		Other	

Inspection should be done after:

- brickwork is completed
- chicken mesh fixed
- electrical conduct & plumbing work is completed
- water proofing is completed
- after cleaning the apartment.

*Checked*  
*14/4/08*

Brickwork Check.

Notes:

1. Mark ✓ for correct or minor mistake which does not require correction
2. Mark ✗ for minor mistake that requires minor correction.
3. Mark ✗✗ for major mistake that requires correction by replacement or re-fixing.
4. Mark ✗✗✗ for major mistake that cannot be corrected.
5. Wall thickness should be as per plan. Use of 4", 6" & 8" blocks must be checked.
6. All walls should have 2 beds of about 2" to 3" thickness with one no. 6 mm or 8 mm rod with M15 CC.
7. Chicken mesh should be used in each and every joint between RCC & Brickwork.
8. Joint between brickwork & beam on external side must be filled.
9. Check room dimensions with working plan. (Tolerance: 1")
10. Diagonals of each room shall be equal. (Tolerance: 2")
11. Balcony sill level should be 3'3" from SFL. (Tolerance: 1")
12. Check room height with specified height. (Tolerance: 1")
13. Check plumb of walls where ever it appears to be out of plumb. (Tolerance: 1/2")
14. Specify the No. of beams which are not aligned by more than 1" in a room.

*Good*

**Quality Control Check Repot.      Stage: After Brickwork (Apartments)**

S No	Room	Wall thickness <sup>5</sup> (✓ or ✗)	Beds in walls <sup>6</sup> (✓ or ✗)	Chicken mesh <sup>7</sup> (✓ or ✗)	External brickwork & beam joint <sup>8</sup> (✓ or ✗)	Room Dimensions <sup>9</sup> (✓ or ✗)	Room Dimensions <sup>9</sup> - Difference in inches	Diagonal <sup>10</sup> (✓ or ✗)	Diagonal <sup>10</sup> - Difference in inches	Balcony sill level <sup>11</sup> (✓ or ✗)	Room Height <sup>12</sup> (✓ or ✗)	Plumb of walls <sup>13</sup> (Good/Avg./Bad)	Alignment of beams and walls <sup>14</sup> - Nos.
1	Bedroom 1	✓	✓	✓	✓	✓	✓	✓	✓		✓	Good	
2	Toilet 1	✓	✓	✓	✓	✓	✓	✓	✓		✓	Good	
3	Bedroom 2												
4	Toilet 2												
5	Bedroom 3												
6	Toilet 3												
9	Drawing	✓	✓	✓	✓	✓	✓	✓	✓		✓	Good	
10	Dining												
11	Lobby 1												
13	Utility / balcony 1	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	Good	
14	Utility / balcony 2												
15	Utility / balcony 3												
17	Kitchen	✓	✓	✓	✓	✓	✓	✓	✓		✓	Good	
18	Other												
19	Other												
Remarks													

**Quality Control Check Repot.      Stage: After Brickwork (Apartments)**

Quality of edges and corners in all rooms?	<input checked="" type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad
Specify rooms that need correction:	

Misc. Checks.

Was a proportion box provided?	<input type="checkbox"/> Yes <input type="checkbox"/> No	NA
Size of proportion box?	cft	NA
Condition of proportion box?	<input type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad	NA
Was the Apartment cleaned before starting brick work?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Cant' say	NA
Is the Apartment cleaned for plastering?	<input type="checkbox"/> Yes <input type="checkbox"/> No	NA
Wastage?	<input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low	NA
Storage of building material like bricks sand and cement.	<input type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad	NA
Water proofing quality & height? (height should be 6" above SFL)	<input checked="" type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad	
Do all bathrooms have sunken slab?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Remarks:		

Door Frames & Windows check

Notes:

1. Mark ✓ for correct or minor mistake which does not require correction
2. Mark ✗ for minor mistake that requires minor correction.
3. Mark ✗✗ for major mistake that requires correction by replacement or re-fixing.
4. Mark ✗✗✗ for major mistake that cannot be corrected.
5. Window template depth should be between 2 to 2 ½" after plastering.
6. Lintel level should be 7'3" from SFL & 7' from FFL. (Tolerance 1")
7. Lofts should be at a height of 7' to 7'3" from FFL. Kitchen plat from should be at a height of 32" or 33" from FFL and 35" or 36" from SFL. (Tolerance 1")
8. Slopes of lofts and kitchen platforms to be checked by using 12" spirit level and check height from floor from 2 or 3 points.
9. Thickness of platforms & lofts should be between 2 & 2.5".

**Quality Control Check Repot.      Stage: After Brickwork (Apartments)**

S No	Room	Door size (✓ or ✗)	Door face (✓ or ✗)	Door lenth level (✓ or ✗)	Door diagonal check (✓ or ✗)	Door Plumb - two sides (✓ or ✗)	Windows lenth & sill level	Windows size (✓ or ✗)	Windows - template depth <sup>s</sup>	Windows - template diagonal (✓ or ✗)	Loft & Kitchen platform height (✓ or ✗)	Loft & Kitchen platform slope (✓ or ✗)	Loft & Kitchen platform thickness (✓ or ✗)
1	Bedroom 1	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
2	Toilet 1	✓	✓	✓	✓	✓	✓	✓					
3	Bedroom 2												
4	Toilet 2												
5	Bedroom 3												
6	Toilet 3												
9	Drawing	✓	✓	✓	✓	✓	✓	✓	✓	✓			
10	Dining												
11	Lobby 1												
13	Utility / balcony 1	✓	✓	✓	✓	✓							
14	Utility / balcony 2												
15	Utility / balcony 3												
17	Kitchen						✓	✓	✓	✓	✗ (3")	✓	✓
18	Other												
19	Other												
Remarks:													

Quality Control Check Repot.      Stage: After Brickwork (Apartments)

<u>Curing.</u>	
Tap provide on the floor for curing.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Distance of tap from furthest distance that requires curing. (max permitted 150')	
Source of water	<input type="checkbox"/> Sump <input type="checkbox"/> OHT <input checked="" type="checkbox"/> Bore-well direct connection <input type="checkbox"/> None
Capacity of source in lts.	
Frequency of curing in number of times a day	
Quality of curing	<input type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad <i>NA</i>
Quality of infrastructure for curing.	<input type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad <i>NA</i>
Remarks:	

Quality Control Check Report. Stage: After Brickwork (Apartments)

114

Company	P M B	Project	P M R	Phase	
Prepared by	A SRIGAN ADAR	Sign	A Srinivas	Date	09/07/08
Project Manager		Sign		Date	
Apartment No	105 2 <sup>nd</sup> Block	Other		Other	

Inspection should be done after:

- brickwork is completed
- chicken mesh fixed
- electrical conduct & plumbing work is completed
- water proofing is completed
- after cleaning the apartment.

Checked  
14/11/08

Brickwork Check.

Notes:

1. Mark ✓ for correct or minor mistake which does not require correction
2. Mark ✗ for minor mistake that requires minor correction.
3. Mark ✗✗ for major mistake that requires correction by replacement or re-fixing.
4. Mark ✗✗✗ for major mistake that cannot be corrected.
5. Wall thickness should be as per plan. Use of 4", 6" & 8" blocks must be checked.
6. All walls should have 2 beds of about 2" to 3" thickness with one no. 6 mm or 8 mm rod with M15 CC.
7. Chicken mesh should be used in each and every joint between RCC & Brickwork.
8. Joint between brickwork & beam on external side must be filled.
9. Check room dimensions with working plan. (Tolerance: 1")
10. Diagonals of each room shall be equal. (Tolerance: 2")
11. Balcony sill level should be 3'3" from SFL. (Tolerance: 1")
12. Check room height with specified height. (Tolerance: 1")
13. Check plumb of walls where ever it appears to be out of plumb. (Tolerance: 1/2")
14. Specify the No. of beams which are not aligned by more than 1" in a room.

*Adar*

7

**Quality Control Check Repot.      Stage: After Brickwork (Apartments)**

S No	Room	Wall thickness <sup>5</sup> (✓ or ✗)	Beds in walls <sup>6</sup> (✓ or ✗)	Chicken mesh <sup>7</sup> (✓ or ✗)	External brickwork & beam joint <sup>8</sup> (✓ or ✗)	Room Dimensions <sup>9</sup> (✓ or ✗)	Room Dimensions <sup>9</sup> - Difference in inches	Diagonal <sup>10</sup> (✓ or ✗)	Diagonal <sup>10</sup> - Difference in inches	Balcony sill level <sup>11</sup> (✓ or ✗)	Room Height <sup>12</sup> (✓ or ✗)	Plumb of walls <sup>13</sup> (Good/Avg./Bad)	Alignment of beams and walls <sup>14</sup> - Nos.
1	Bedroom 1	✓	✓	✓	✓	✓	—	✓	—		✓	Good	
2	Toilet 1	✓	✓	✓	✓	✓	—	✓	—		✓	Good	
3	Bedroom 2												
4	Toilet 2	✓	✓	✓	✓	✓	—	✓	—		✓	Good	
5	Bedroom 3												
6	Toilet 3												
9	Drawing	✓	✓	✓	✓	✓	—	✓	—		✓	Good	
10	Dining												
11	Lobby 1												
13	Utility / balcony 1	✓	✓	✓	✓	✓	—	✓	—	✓	✓	Good	
14	Utility / balcony 2	✗											
15	Utility / balcony 3												
17	Kitchen	✓	✓	✓	✓	✓	—	✓	—		—	Good	
18	Other												
19	Other												
Remarks													



**Quality Control Check Repot.      Stage: After Brickwork (Apartments)**

Quality of edges and corners in all rooms?	<input checked="" type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad
Specify rooms that need correction:	

Misc. Checks.

Was a proportion box provided?	<input type="checkbox"/> Yes <input type="checkbox"/> No	NA
Size of proportion box?	cft	NA
Condition of proportion box?	<input type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad	NA
Was the Apartment cleaned before starting brick work?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Cant' say	NA
Is the Apartment cleaned for plastering?	<input type="checkbox"/> Yes <input type="checkbox"/> No	NA
Wastage?	<input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low	NA
Storage of building material like bricks sand and cement.	<input type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad	NA
Water proofing quality & height? (height should be 6"above SFL)	<input checked="" type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad	
Do all bathrooms have sunken slab?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Remarks:		

Door Frames & Windows check

Notes:

1. Mark ✓ for correct or minor mistake which does not require correction
2. Mark ✗ for minor mistake that requires minor correction.
3. Mark ✗✗ for major mistake that requires correction by replacement or re-fixing.
4. Mark ✗✗✗ for major mistake that cannot be corrected.
5. Window template depth should be between 2 to 2 ½"after plastering.
6. Lentil level should be 7'3"from SFL & 7'from FFL. (Tolerance 1")
7. Lofts should be at a height of 7' to 7'3" from FFL. Kitchen plat from should be at a height of 32"or 33"from FFL and 35" or 36"from SFL . (Tolerance 1")
8. Slopes of lofts and kitchen platforms to be checked by using 12"spirit level and check height from floor from 2 or 3 points.
9. Thickness of platforms & lofts should be between 2 & 2.5".

**Quality Control Check Repot.      Stage: After Brickwork (Apartments)**

S No	Room	Door size (✓ or ✗)	Door face (✓ or ✗)	Door lenth level (✓ or ✗)	Door diagonal check (✓ or ✗)	Door Plumb - two sides (✓ or ✗)	Windows lenth & sill level	Windows size (✓ or ✗)	Windows - template depth <sup>5</sup>	Windows - template diagonal (✓ or ✗)	Loft & Kitchen platform height (✓ or ✗)	Loft & Kitchen platform slope (✓ or ✗)	Loft & Kitchen platform thickness (✓ or ✗)
1	Bedroom 1	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
2	Toilet 1	✓	✓	✓	✓	✓	✓	✓					
3	Bedroom 2												
4	Toilet 2	✓	✓	✓	✓	✓	✓	✓					
5	Bedroom 3												
6	Toilet 3												
9	Drawing	✓	✓	✓	✓	✓	✓	✓	✓	✓			
10	Dining												
11	Lobby 1												
13	Utility / balcony 1	✓	✓	✓	✓	✓							
14	Utility / balcony 2												
15	Utility / balcony 3												
17	Kitchen						✓	✓	✓	✓	✓	✓	✓
18	Other												
19	Other												
Remarks:													

Quality Control Check Repot.      Stage: After Brickwork (Apartments)

Curing.

Tap provide on the floor for curing.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Distance of tap from furthest distance that requires curing. (max permitted 150')	
Source of water	<input type="checkbox"/> Sump <input type="checkbox"/> OHT <input checked="" type="checkbox"/> Bore-well direct connection <input type="checkbox"/> None
Capacity of source in lts.	
Frequency of curing in number of times a day	NA
Quality of curing	<input type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad    NA
Quality of infrastructure for curing.	<input type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad    NA
Remarks:	

Quality Control Check Report. Stage: After Brickwork (Apartments)

115

Company	P M B	Project	P M R	Phase	
Prepared by	A. Srujan	Sign	A Srujan	Date	08/07/08
Project Manager		Sign		Date	
Apartment No	106 2 <sup>nd</sup> C Block	Other		Other	

Inspection should be done after:

- brickwork is completed
- chicken mesh fixed
- electrical conduct & plumbing work is completed
- water proofing is completed
- after cleaning the apartment.

*Checked*  
*14/4/08*

Brickwork Check.

Notes:

1. Mark ✓ for correct or minor mistake which does not require correction
2. Mark ✗ for minor mistake that requires minor correction.
3. Mark ✗✗ for major mistake that requires correction by replacement or re-fixing.
4. Mark ✗✗✗ for major mistake that cannot be corrected.
5. Wall thickness should be as per plan. Use of 4", 6" & 8" blocks must be checked.
6. All walls should have 2 beds of about 2" to 3" thickness with one no. 6 mm or 8 mm rod with M15 CC.
7. Chicken mesh should be used in each and every joint between RCC & Brickwork.
8. Joint between brickwork & beam on external side must be filled.
9. Check room dimensions with working plan. (Tolerance: 1")
10. Diagonals of each room shall be equal. (Tolerance: 2")
11. Balcony sill level should be 3'3" from SFL. (Tolerance: 1")
12. Check room height with specified height. (Tolerance: 1")
13. Check plumb of walls where ever it appears to be out of plumb. (Tolerance: 1/2")
14. Specify the No. of beams which are not aligned by more than 1" in a room.

*End*

**Quality Control Check Repot. Stage: After Brickwork (Apartments)**

S No	Room	Wall thickness <sup>5</sup> (✓ or ✗)	Beds in walls <sup>6</sup> (✓ or ✗)	Chicken mesh <sup>7</sup> (✓ or ✗)	External brickwork & beam joint <sup>8</sup> (✓ or ✗)	Room Dimensions <sup>9</sup> (✓ or ✗)	Room Dimensions <sup>9</sup> - Difference in inches	Diagonal <sup>10</sup> (✓ or ✗)	Diagonal <sup>10</sup> - Difference in inches	Balcony sill level <sup>11</sup> (✓ or ✗)	Room Height <sup>12</sup> (✓ or ✗)	Plumb of walls <sup>13</sup> (Good/Avg./Bad)	Alignment of beams and walls <sup>14</sup> - Nos.
1	Bedroom 1	✓	✓	✓	✓	✓	1	✓	1		✓	Good	
2	Toilet 1	✓	✓	✓	✓	✓	1	✓	1		✓	Good	
3	Bedroom 2												
4	Toilet 2	✓	✓	✓	✓	✓	1	✓	1		✓	Good	
5	Bedroom 3												
6	Toilet 3												
9	Drawing	✓	✓	✓	✓	✓	1	✓	1		✓	Good	
10	Dining												
11	Lobby 1												
13	Utility / balcony 1	✓	✓	✓	✓	✓	1	✓	1	✓	✓	Good	
14	Utility / balcony 2												
15	Utility / balcony 3												
17	Kitchen	✓	✓	✓	✓	✓	1	✓	1		✓	Good	
18	Other												
19	Other												
Remarks													

**Quality Control Check Repot. Stage: After Brickwork (Apartments)**

Quality of edges and corners in all rooms?	<input checked="" type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad
Specify rooms that need correction:	

Misc. Checks.

Was a proportion box provided?	<input type="checkbox"/> Yes <input type="checkbox"/> No	NA
Size of proportion box?	cft	NA
Condition of proportion box?	<input type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad	NA
Was the Apartment cleaned before starting brick work?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Cant' say	NA
Is the Apartment cleaned for plastering?	<input type="checkbox"/> Yes <input type="checkbox"/> No	NA
Wastage?	<input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low	NA
Storage of building material like bricks sand and cement.	<input type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad	NA
Water proofing quality & height? (height should be 6" above SFL)	<input checked="" type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad	
Do all bathrooms have sunken slab?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Remarks:		

Door Frames & Windows check

Notes:

1. Mark ✓ for correct or minor mistake which does not require correction
2. Mark ✗ for minor mistake that requires minor correction.
3. Mark ✗✗ for major mistake that requires correction by replacement or re-fixing.
4. Mark ✗✗✗ for major mistake that cannot be corrected.
5. Window template depth should be between 2 to 2 ½" after plastering.
6. Lintel level should be 7'3" from SFL & 7' from FFL. (Tolerance 1")
7. Lofts should be at a height of 7' to 7'3" from FFL. Kitchen plat from should be at a height of 32" or 33" from FFL and 35" or 36" from SFL. (Tolerance 1")
8. Slopes of lofts and kitchen platforms to be checked by using 12" spirit level and check height from floor from 2 or 3 points.
9. Thickness of platforms & lofts should be between 2 & 2.5".

**Quality Control Check Repot. Stage: After Brickwork (Apartments)**

S No	Room	Door size (✓ or ✗)	Door face (✓ or ✗)	Door lenth level (✓ or ✗)	Door diagonal check (✓ or ✗)	Door Plumb - two sides (✓ or ✗)	Windows lenth & sill level	Windows size (✓ or ✗)	Windows - template depth <sup>s</sup>	Windows - template diagonal (✓ or ✗)	Loft & Kitchen platform height (✓ or ✗)	Loft & Kitchen platform slope (✓ or ✗)	Loft & Kitchen platform thickness (✓ or ✗)
1	Bedroom 1	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
2	Toilet 1	✓	✓	✓	✓	✓	✓	✓					
3	Bedroom 2				✗								
4	Toilet 2	✓	✓	✓	✓	✓	✓						
5	Bedroom 3												
6	Toilet 3												
9	Drawing	✓	✓	✓	✓	✓	✓	✓	✓	✓			
10	Dining												
11	Lobby 1												
13	Utility / balcony 1	✓	✓	✓	✓	✓							
14	Utility / balcony 2												
15	Utility / balcony 3												
17	Kitchen						✓	✓	✓	✓	✓	✓	✓
18	Other												
19	Other												
Remarks:													

**Quality Control Check Repot.      Stage: After Brickwork (Apartments)**

Curing.

Tap provide on the floor for curing.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Distance of tap from furthest distance that requires curing. (max permitted 150')	
Source of water	<input type="checkbox"/> Sump <input type="checkbox"/> OHT <input checked="" type="checkbox"/> Bore-well direct connection <input type="checkbox"/> None
Capacity of source in lts.	
Frequency of curing in number of times a day	NA
Quality of curing	<input checked="" type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad    NA
Quality of infrastructure for curing.	<input checked="" type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad    NA
Remarks:	



Quality Control Check Repot.      Stage: After Brickwork (Apartments)

113

Company	PMB	Project	PMR	Phase	
Prepared by	A IRUJAN	Sign	A [Signature]	Date	09/07/08
Project Manager		Sign		Date	
Apartment No	104 2 <sup>nd</sup> Block	Other		Other	

Inspection should be done after:

- brickwork is completed
- chicken mesh fixed
- electrical conduct & plumbing work is completed
- water proofing is completed
- after cleaning the apartment.

Brickwork Check.

Notes:

1. Mark ✓ for correct or minor mistake which does not require correction
2. Mark ✗ for minor mistake that requires minor correction.
3. Mark ✗✗ for major mistake that requires correction by replacement or re-fixing.
4. Mark ✗✗✗ for major mistake that cannot be corrected.
5. Wall thickness should be as per plan. Use of 4", 6" & 8" blocks must be checked.
6. All walls should have 2 beds of about 2" to 3" thickness with one no. 6 mm or 8 mm rod with M15 CC.
7. Chicken mesh should be used in each and every joint between RCC & Brickwork.
8. Joint between brickwork & beam on external side must be filled.
9. Check room dimensions with working plan. (Tolerance: 1")
10. Diagonals of each room shall be equal. (Tolerance: 2")
11. Balcony sill level should be 3'3" from SFL. (Tolerance: 1")
12. Check room height with specified height. (Tolerance: 1")
13. Check plumb of walls where ever it appears to be out of plumb. (Tolerance: 1/2")
14. Specify the No. of beams which are not aligned by more than 1" in a room.

*Checked  
by  
14/11/08*

*[Signature]*

**Quality Control Check Repot. Stage: After Brickwork (Apartments)**

S No	Room	Wall thickness <sup>5</sup> (✓ or ✗)	Beds in walls <sup>6</sup> (✓ or ✗)	Chicken mesh <sup>7</sup> (✓ or ✗)	External brickwork & beam joint <sup>8</sup> (✓ or ✗)	Room Dimensions <sup>9</sup> (✓ or ✗)	Room Dimensions <sup>9</sup> - Difference in inches	Diagonal <sup>10</sup> (✓ or ✗)	Diagonal <sup>10</sup> - Difference in inches	Balcony sill level <sup>11</sup> (✓ or ✗)	Room Height <sup>12</sup> (✓ or ✗)	Plumb of walls <sup>13</sup> (Good/Avg./Bad)	Alignment of beams and walls <sup>14</sup> - Nos.
1	Bedroom 1	✓	✓	✓	✓	✓	1	✓	1		✓	Good	
2	Toilet 1	✓	✓	✓	✓	✓	1	✓	1		✓	Good	
3	Bedroom 2	✓	✓	✓	✓	✓	1	✓	1		✓	Good	
4	Toilet 2	✓	✓	✓	✓	✓	1	✓	1		✓	Good	
5	Bedroom 3												
6	Toilet 3												
9	Drawing	✓	✓	✓	✓	✓	1	✓	1		✓	Good	
10	Dining												
11	Lobby 1												
13	Utility / balcony 1	✓	✓	✓	✓	✓	1	✓	1	✓	✓	Good	
14	Utility / balcony 2	✓	✓	✓	✓	✓	1	✓	1	✓	✓	Good	
15	Utility / balcony 3												
17	Kitchen	✓	✓	✓	✓	✓	1	✓	1		✓	Good	
18	Other												
19	Other												
Remarks													

**Quality Control Check Repot.      Stage: After Brickwork (Apartments)**

Quality of edges and corners in all rooms?	<input checked="" type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad
Specify rooms that need correction:	

Misc. Checks.

Was a proportion box provided?	<input type="checkbox"/> Yes <input type="checkbox"/> No	NA
Size of proportion box?	cft	NA
Condition of proportion box?	<input type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad	NA
Was the Apartment cleaned before starting brick work?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Cant' say	NA
Is the Apartment cleaned for plastering?	<input type="checkbox"/> Yes <input type="checkbox"/> No	NA
Wastage?	<input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low	NA
Storage of building material like bricks sand and cement.	<input type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad	NA
Water proofing quality & height? (height should be 6" above SFL)	<input checked="" type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad	<del>NA</del>
Do all bathrooms have sunken slab?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Remarks:		

Door Frames & Windows check

Notes:

1. Mark ✓ for correct or minor mistake which does not require correction
2. Mark ✗ for minor mistake that requires minor correction.
3. Mark ✗✗ for major mistake that requires correction by replacement or re-fixing.
4. Mark ✗✗✗ for major mistake that cannot be corrected.
5. Window template depth should be between 2 to 2 ½" after plastering.
6. Lintel level should be 7'3" from SFL & 7' from FFL. (Tolerance 1")
7. Lofts should be at a height of 7' to 7'3" from FFL. Kitchen platform should be at a height of 32" or 33" from FFL and 35" or 36" from SFL. (Tolerance 1")
8. Slopes of lofts and kitchen platforms to be checked by using 12" spirit level and check height from floor from 2 or 3 points.
9. Thickness of platforms & lofts should be between 2 & 2.5".

**Quality Control Check Repot.      Stage: After Brickwork (Apartments)**

S No	Room	Door size (✓ or ✗)	Door face (✓ or ✗)	Door lenth level (✓ or ✗)	Door diagonal check (✓ or ✗)	Door Plumb - two sides (✓ or ✗)	Windows lenthil & sill level	Windows size (✓ or ✗)	Windows - template depth	Windows - template diagonal (✓ or ✗)	Loft & Kitchen platform height (✓ or ✗)	Loft & Kitchen platform slope (✓ or ✗)	Loft & Kitchen platform thickness (✓ or ✗)
1	Bedroom 1	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
2	Toilet 1	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
3	Bedroom 2	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
4	Toilet 2	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
5	Bedroom 3												
6	Toilet 3												
9	Drawing	✓	✓	✓	✓	✓	✓	✓	✓	✓			
10	Dining												
11	Lobby 1												
13	Utility / balcony 1	✓	✓	✓	✓	✓							
14	Utility / balcony 2	✓	✓	✓	✓	✓							
15	Utility / balcony 3												
17	Kitchen	✓					✓	✓	✓	✓	✓	✓	✓
18	Other												
19	Other												
Remarks:													

**Quality Control Check Repot.      Stage: After Brickwork (Apartments)**

Curing.

Tap provide on the floor for curing.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Distance of tap from furthest distance that requires curing. (max permitted 150')	
Source of water	<input type="checkbox"/> Sump <input type="checkbox"/> OHT <input checked="" type="checkbox"/> Bore-well direct connection <input type="checkbox"/> None
Capacity of source in lts.	
Frequency of curing in number of times a day	NA
Quality of curing	<input type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad    NA
Quality of infrastructure for curing.	<input type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad    NA
Remarks:	

Quality Control Check Report. Stage: After Brickwork (Apartment)

110

Company	PMB	Project	PMR	Phase	
Prepared by	A. Sujana	Sign	A. Sujana	Date	9/07/08
Project Manager	S.V. Subramanian	Sign	[Signature]	Date	9/7/08
Apartment No	101 2' C' Block	Other		Other	

Inspection should be done after:

- brickwork is completed
- chicken mesh fixed
- electrical conduct & plumbing work is completed
- water proofing is completed
- after cleaning the apartment.

Checked  
14/4/08

Brickwork Check.

Notes:

1. Mark ✓ for correct or minor mistake which does not require correction
2. Mark ✗ for minor mistake that requires minor correction.
3. Mark ✗✗ for major mistake that requires correction by replacement or re-fixing.
4. Mark ✗✗✗ for major mistake that cannot be corrected.
5. Wall thickness should be as per plan. Use of 4", 6" & 8" blocks must be checked.
6. All walls should have 2 beds of about 2" to 3" thickness with one no. 6 mm or 8 mm rod with M15 CC.
7. Chicken mesh should be used in each and every joint between RCC & Brickwork.
8. Joint between brickwork & beam on external side must be filled.
9. Check room dimensions with working plan. (Tolerance: 1")
10. Diagonals of each room shall be equal. (Tolerance: 2")
11. Balcony sill level should be 3'3" from SFL. (Tolerance: 1")
12. Check room height with specified height. (Tolerance: 1")
13. Check plumb of walls where ever it appears to be out of plumb. (Tolerance: 1/2")
14. Specify the No. of beams which are not aligned by more than 1" in a room.

Received  
on 12-07-08  
[Signature]

Plantation

S No	Room	Wall thickness <sup>5</sup> (✓ or ✗)	Beds in walls <sup>6</sup> (✓ or ✗)	Chicken mesh <sup>7</sup> (✓ or ✗)	External brickwork & beam joint <sup>8</sup> (✓ or ✗)	Room Dimensions <sup>9</sup> (✓ or ✗)	Room Dimensions <sup>9</sup> - Difference in inches	Diagonal <sup>10</sup> (✓ or ✗)	Diagonal <sup>10</sup> - Difference in inches	Balcony sill level <sup>11</sup> (✓ or ✗)	Room Height <sup>12</sup> (✓ or ✗)	Plumb of walls <sup>13</sup> (Good/Avg./Bad)	Alignment of beams and walls <sup>14</sup> - Nos.
1	Bedroom 1	✓	✓	✓	✓	✓	1	✓	1		✓	Good	
2	Toilet 1	✓	✓	✓	✓	✓	1	✓	1		✓	Good	
3	Bedroom 2	✓	✓	✓	✓	✓	1	✓	1		✓	Good	
4	Toilet 2	✓	✓	✓	✓	✓	1	✓	1		✓	Good	
5	Bedroom 3												
6	Toilet 3												
9	Drawing	✓	✓	✓	✓	✓	1	✓	1		✓	Good	
10	Dining	✓	✓	✓	✓	✓	1		1				
11	Lobby 1												
13	Utility / balcony 1	✓	✓	✓	✓	✓	1	✓	1	✓	✓	Good	
14	Utility / balcony 2	✓	✓	✓	✓	✓	1	✓	1	✓	✓	Good	
15	Utility / balcony 3												
17	Kitchen	✓	✓	✓	✓	✓	1	✓	1		✓	Good	
18	Other												
19	Other												
Remarks													

**Quality Control Check Report.**

**Stage: After Brickwork (Apartments) / plaster**

Quality of edges and corners in all rooms?	<input checked="" type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad
Specify rooms that need correction:	

Misc. Checks.

Was a proportion box provided?	<input type="checkbox"/> Yes <input type="checkbox"/> No	NA
Size of proportion box?	cft	NA
Condition of proportion box?	<input type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad	NA
Was the Apartment cleaned before starting brick work?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Cant' say	NA
Is the Apartment cleaned for plastering?	<input type="checkbox"/> Yes <input type="checkbox"/> No	NA
Wastage?	<input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low	NA
Storage of building material like bricks sand and cement.	<input type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad	NA
Water proofing quality & height? (height should be 6" above SFL)	<input checked="" type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad	
Do all bathrooms have sunken slab?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Remarks:		

Door Frames & Windows check

Notes:

1. Mark ✓ for correct or minor mistake which does not require correction
2. Mark ✗ for minor mistake that requires minor correction.
3. Mark ✗✗ for major mistake that requires correction by replacement or re-fixing.
4. Mark ✗✗✗ for major mistake that cannot be corrected.
5. Window template depth should be between 2 to 2 1/2" after plastering.
6. Lintel level should be 7'3" from SFL & 7' from FFL. (Tolerance 1")
7. Lofts should be at a height of 7' to 7'3" from FFL. Kitchen plat from should be at a height of 32" or 33" from FFL and 35" or 36" from SFL. (Tolerance 1")
8. Slopes of lofts and kitchen platforms to be checked by using 12" spirit level and check height from floor from 2 or 3 points.
9. Thickness of platforms & lofts should be between 2 & 2.5"



**Quality Control Check Report. Stage: After Brickwork (Apartments)**

S No	Room	Door size (✓ or ✗)	Door face (✓ or ✗)	Door lenth level (✓ or ✗)	Door diagonal check (✓ or ✗)	Door Plumb - two sides (✓ or ✗)	Windows lenth & sill level	Windows size (✓ or ✗)	Windows - template depth <sup>5</sup>	Windows - template diagonal (✓ or ✗)	Loft & Kitchen platform height (✓ or ✗)	Loft & Kitchen platform slope (✓ or ✗)	Loft & Kitchen platform thickness (✓ or ✗)
1	Bedroom 1	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
2	Toilet 1	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
3	Bedroom 2	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
4	Toilet 2	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
5	Bedroom 3												
6	Toilet 3												
9	Drawing	✓	✓	✓	✓	✓	✓	✓	✓	✓			
10	Dining												
11	Lobby 1												
13	Utility / balcony 1	✓	✓	✓	✓	✓							
14	Utility / balcony 2	✓	✓	✓	✓	✓							
15	Utility / balcony 3												
17	Kitchen						✓	✓	✓	✓	✓	✓	✓
18	Other												
19	Other												
Remarks:													

**Quality Control Check Repot.      Stage: After Brickwork (Apartments)**

Curing.

Tap provide on the floor for curing.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Distance of tap from furthest distance that requires curing. (max permitted 150')	
Source of water	<input type="checkbox"/> Sump <input type="checkbox"/> OHT <input checked="" type="checkbox"/> Bore-well direct connection <input type="checkbox"/> None
Capacity of source in lts.	
Frequency of curing in number of times a day	
Quality of curing	<input checked="" type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad
Quality of infrastructure for curing.	<input checked="" type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad
Remarks:	

Quality Control Check Report. Stage: After Brickwork (Apartments)

1 plot  
(11)

Company	P M B	Project	P M R	Phase	
Prepared by	A. Injan baboo	Sign	A. Injan baboo	Date	09/07/08
Project Manager	S.V. Subramanian	Sign	S.V. Subramanian	Date	9/7/08
Apartment No	102 2C-Block	Other		Other	

Inspection should be done after:

- brickwork is completed
- chicken mesh fixed
- electrical conduct & plumbing work is completed
- water proofing is completed
- after cleaning the apartment.

*Checked*  
*14/1/08*

Brickwork Check.

Notes:

1. Mark ✓ for correct or minor mistake which does not require correction
2. Mark ✗ for minor mistake that requires minor correction.
3. Mark ✗✗ for major mistake that requires correction by replacement or re-fixing.
4. Mark ✗✗✗ for major mistake that cannot be corrected.
5. Wall thickness should be as per plan. Use of 4", 6" & 8" blocks must be checked.
6. All walls should have 2 beds of about 2" to 3" thickness with one no. 6 mm or 8 mm rod with M15 CC.
7. Chicken mesh should be used in each and every joint between RCC & Brickwork.
8. Joint between brickwork & beam on external side must be filled.
9. Check room dimensions with working plan. (Tolerance: 1")
10. Diagonals of each room shall be equal. (Tolerance: 2")
11. Balcony sill level should be 3'3" from SFL. (Tolerance: 1")
12. Check room height with specified height. (Tolerance: 1")
13. Check plumb of walls where ever it appears to be out of plumb. (Tolerance: 1/2")
14. Specify the No. of beams which are not aligned by more than 1" in a room.

**Quality Control Check Repot. Stage: After Brickwork (Apartments)**

S No	Room	Wall thickness <sup>5</sup> (✓ or ✗)	Beds in walls <sup>6</sup> (✓ or ✗)	Chicken mesh <sup>7</sup> (✓ or ✗)	External brickwork & beam joint <sup>8</sup> (✓ or ✗)	Room Dimensions <sup>9</sup> (✓ or ✗)	Room Dimensions <sup>9</sup> - Difference in inches	Diagonal <sup>10</sup> (✓ or ✗)	Diagonal <sup>10</sup> - Difference in inches	Balcony sill level <sup>11</sup> (✓ or ✗)	Room Height <sup>12</sup> (✓ or ✗)	Plumb of walls <sup>13</sup> (Good/Avg./Bad)	Alignment of beams and walls <sup>14</sup> - Nos.
1	Bedroom 1	✓	✓	✓	✓	✓	—	✓	—		✓	Good	
2	Toilet 1	✓	✓	✓	✓	✓	—	✓	—		✓	Good	
3	Bedroom 2	✓	✓	✓	✓	✓	—	✓	—		✓	Good	
4	Toilet 2	✓	✓	✓	✓	✓	—	✓	—		✓	Good	
5	Bedroom 3												
6	Toilet 3												
9	Drawing	✓	✓	✓	✓	✗	2' x 2'	✓	—		✓	Good	
10	Dining												
11	Lobby 1												
13	Utility / balcony 1	✓	✓	✓	✓	✗	6' x 1'	✓	—	✓	✓	Good	
14	Utility / balcony 2	✓	✓	✓	✓	✗	3'0" x 4'	✓	—	✓	✓	Good	
15	Utility / balcony 3												
17	Kitchen	✓	✓	✓	✓	✓	—	✓	—		✓	Good	
18	Other												
19	Other												
Remarks													

**Quality Control Check Repot.      Stage: After Brickwork (Apartments)**

Quality of edges and corners in all rooms?	<input checked="" type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad
Specify rooms that need correction:	

Misc. Checks.

Was a proportion box provided?	<input type="checkbox"/> Yes <input type="checkbox"/> No	NA
Size of proportion box?	cft	NA
Condition of proportion box?	<input type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad	NA
Was the Apartment cleaned before starting brick work?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Cant' say	NA
Is the Apartment cleaned for plastering?	<input type="checkbox"/> Yes <input type="checkbox"/> No	NA
Wastage?	<input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low	NA
Storage of building material like bricks sand and cement.	<input type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad	NA
Water proofing quality & height? (height should be 6" above SFL)	<input checked="" type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad	NA
Do all bathrooms have sunken slab?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Remarks:		

Door Frames & Windows check

Notes:

1. Mark ✓ for correct or minor mistake which does not require correction
2. Mark ✗ for minor mistake that requires minor correction.
3. Mark ✗✗ for major mistake that requires correction by replacement or re-fixing.
4. Mark ✗✗✗ for major mistake that cannot be corrected.
5. Window template depth should be between 2 to 2 ½" after plastering.
6. Lintel level should be 7'3" from SFL & 7' from FFL. (Tolerance 1")
7. Lofts should be at a height of 7' to 7'3" from FFL. Kitchen platform should be at a height of 32" or 33" from FFL and 35" or 36" from SFL. (Tolerance 1")
8. Slopes of lofts and kitchen platforms to be checked by using 12" spirit level and check height from floor from 2 or 3 points.
9. Thickness of platforms & lofts should be between 2 & 2.5".

**Quality Control Check Repot.      Stage: After Brickwork (Apartments)**

S No	Room	Door size (✓ or ✗)	Door face (✓ or ✗)	Door lentil level (✓ or ✗)	Door diagonal check (✓ or ✗)	Door Plumb - two sides (✓ or ✗)	Windows lentil & sill level	Windows size (✓ or ✗)	Windows - template depth <sup>5</sup>	Windows - template diagonal (✓ or ✗)	Loft & Kitchen platform height (✓ or ✗)	Loft & Kitchen platform slope (✓ or ✗)	Loft & Kitchen platform thickness (✓ or ✗)
1	Bedroom 1	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
2	Toilet 1	✓	✓	✓	✓	✓	✓	✓		✓			
3	Bedroom 2	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
4	Toilet 2	✓	✓	✓	✓	✓	✓	✓					
5	Bedroom 3												
6	Toilet 3												
9	Drawing	✓	✓	✓	✓	✓	✓	✓	✓	✓			
10	Dining												
11	Lobby 1												
13	Utility / balcony 1	✓	✓	✓	✓	✓							
14	Utility / balcony 2	✓	✓	✓	✓	✓							
15	Utility / balcony 3												
17	Kitchen						✓	✓	✓	✓	✓	✓	✓
18	Other												
19	Other												
Remarks:													

**Quality Control Check Repot.      Stage: After Brickwork (Apartments)**

Curing.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Tap provide on the floor for curing.	
Distance of tap from furthest distance that requires curing. (max permitted 150')	
Source of water	<input type="checkbox"/> Sump <input type="checkbox"/> OHT <input checked="" type="checkbox"/> Bore-well direct connection <input type="checkbox"/> None
Capacity of source in lts.	
Frequency of curing in number of times a day	N/A.
Quality of curing	<input checked="" type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad    NA
Quality of infrastructure for curing.	<input checked="" type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad    NA
Remarks:	

**Quality Control Check Repot. Stage: After Brickwork (Apartments)**

112

Company	P T B	Project	P T R	Phase	
Prepared by	A. Srijaw	Sign	A. Srijaw	Date	09/07/08
Project Manager		Sign		Date	
Apartment No	102 2C Block	Other		Other	

Inspection should be done after:

- brickwork is completed
- chicken mesh fixed
- electrical conduct & plumbing work is completed
- water proofing is completed
- after cleaning the apartment.

Brickwork Check.

Notes:

1. Mark ✓ for correct or minor mistake which does not require correction
2. Mark ✗ for minor mistake that requires minor correction.
3. Mark ✗✗ for major mistake that requires correction by replacement or re-fixing.
4. Mark ✗✗✗ for major mistake that cannot be corrected.
5. Wall thickness should be as per plan. Use of 4", 6" & 8" blocks must be checked.
6. All walls should have 2 beds of about 2" to 3" thickness with one no. 6 mm or 8 mm rod with M15 CC.
7. Chicken mesh should be used in each and every joint between RCC & Brickwork.
8. Joint between brickwork & beam on external side must be filled.
9. Check room dimensions with working plan. (Tolerance: 1")
10. Diagonals of each room shall be equal. (Tolerance: 2")
11. Balcony sill level should be 3'3" from SFL. (Tolerance: 1")
12. Check room height with specified height. (Tolerance: 1")
13. Check plumb of walls where ever it appears to be out of plumb. (Tolerance: 1/2")
14. Specify the No. of beams which are not aligned by more than 1" in a room.

*Checked*  
*14/11/08*

*Adar*



**Quality Control Check Report. Stage: After Brickwork (Apartments)**

S No	Room	Wall thickness <sup>5</sup> (✓ or ✗)	Beds in walls <sup>6</sup> (✓ or ✗)	Chicken mesh <sup>7</sup> (✓ or ✗)	External brickwork & beam joint <sup>8</sup> (✓ or ✗)	Room Dimensions <sup>9</sup> (✓ or ✗)	Room Dimensions <sup>9</sup> - Difference in inches	Diagonal <sup>10</sup> (✓ or ✗)	Diagonal <sup>10</sup> - Difference in inches	Balcony sill level <sup>11</sup> (✓ or ✗)	Room Height <sup>12</sup> (✓ or ✗)	Plumb of walls <sup>13</sup> (Good/Avg./Bad)	Alignment of beams and walls <sup>14</sup> - Nos.
1	Bedroom 1	✓	✓	✓	✓	✓	✓	✓	✓		✓	Good	
2	Toilet 1	✓	✓	✓	✓	✓	✓	✓	✓		✓	Avg	
3	Bedroom 2	✓	✓	✓	✓	✓	✓	✓	✓		✓	Good	
4	Toilet 2	✓	✓	✓	✓	✓	✓	✓	✓		✓	Good	
5	Bedroom 3										✓		
6	Toilet 3										✓		
9	Drawing	✓	✓	✓	✓	✓	3' x 12'	✓	✓				
10	Dining												
11	Lobby 1												
13	Utility / balcony 1	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	Good	
14	Utility / balcony 2	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	Good	
15	Utility / balcony 3												
17	Kitchen	✓	✓	✓	✓	✓	✓	✓	✓		✓	Avg	
18	Other												
19	Other												
Remarks													

**Quality Control Check Report. Stage: After Brickwork (Apartments)**

Quality of edges and corners in all rooms?	<input checked="" type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad
Specify rooms that need correction:	

Misc. Checks.

Was a proportion box provided?	<input type="checkbox"/> Yes <input type="checkbox"/> No	NA
Size of proportion box?	cft	NA
Condition of proportion box?	<input type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad	NA
Was the Apartment cleaned before starting brick work?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Cant' say	NA
Is the Apartment cleaned for plastering?	<input type="checkbox"/> Yes <input type="checkbox"/> No	NA
Wastage?	<input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low	NA
Storage of building material like bricks sand and cement.	<input type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad	NA
Water proofing quality & height? (height should be 6" above SFL)	<input checked="" type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad	
Do all bathrooms have sunken slab?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Remarks:		

Door Frames & Windows check

Notes:

1. Mark ✓ for correct or minor mistake which does not require correction
2. Mark ✗ for minor mistake that requires minor correction.
3. Mark ✗✗ for major mistake that requires correction by replacement or re-fixing.
4. Mark ✗✗✗ for major mistake that cannot be corrected.
5. Window template depth should be between 2 to 2 ½" after plastering.
6. Lintel level should be 7'3" from SFL & 7' from FFL. (Tolerance 1")
7. Lofts should be at a height of 7' to 7'3" from FFL. Kitchen plat from should be at a height of 32" or 33" from FFL and 35" or 36" from SFL. (Tolerance 1")
8. Slopes of lofts and kitchen platforms to be checked by using 12" spirit level and check height from floor from 2 or 3 points.
9. Thickness of platforms & lofts should be between 2 & 2.5".

**Quality Control Check Repot.      Stage: After Brickwork (Apartments)**

S No	Room	Door size (✓ or ✗)	Door face (✓ or ✗)	Door lentil level (✓ or ✗)	Door diagonal check (✓ or ✗)	Door Plumb - two sides (✓ or ✗)	Windows lentil & sill level	Windows size (✓ or ✗)	Windows - template depth <sup>s</sup>	Windows - template diagonal (✓ or ✗)	Loft & Kitchen platform height (✓ or ✗)	Loft & Kitchen platform slope (✓ or ✗)	Loft & Kitchen platform thickness (✓ or ✗)
1	Bedroom 1	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
2	Toilet 1	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
3	Bedroom 2	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
4	Toilet 2	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
5	Bedroom 3												
6	Toilet 3												
9	Drawing	✓	✓	✓	✓	✓	✓	✓	✓	✓			
10	Dining												
11	Lobby 1												
13	Utility / balcony 1	✓	✓	✓	✓	✓							
14	Utility / balcony 2	✓	✓	✓	✓	✓							
15	Utility / balcony 3												
17	Kitchen						✓	✓	✓	✓	✓	✓	✓
18	Other												
19	Other												
Remarks:													

**Quality Control Check Repot.      Stage: After Brickwork (Apartments)**

Curing.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Tap provide on the floor for curing.	
Distance of tap from furthest distance that requires curing. (max permitted 150')	
Source of water	<input type="checkbox"/> Sump <input type="checkbox"/> OHT <input checked="" type="checkbox"/> Bore-well direct connection <input type="checkbox"/> None
Capacity of source in lts.	
Frequency of curing in number of times a day	
Quality of curing	<input type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad <i>NA</i>
Quality of infrastructure for curing.	<input type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad <i>NA</i>
Remarks:	

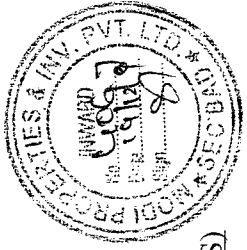
**Quality Control Check Report. For ATR on Complaints.**

Flat / bungalow No.		1C-506	ATR Date		30/12/09
Project		PRR	Complaint Date		9-12-09
Customer Name Pratap Kumar					
Prepared by	G Vijay Raj	Date	11/01/10	Sign	GVR
Project Manager	Subba Reddy	Date	11/01/10	Sign	Sub
HO receipt date		Sign			
Checked by MD on	22/1/10	MD Sign			W
MD's Remarks:					
CR to send letter to customer		<input type="checkbox"/> Yes <input type="checkbox"/> No	For filling		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Note: CR will send a copy of ATR and complaint to QC immediately after the receipt of the ATR. QC will send their report on the ATR to the MD within 3 working days. Aruna to file to file it in MDs pending complaints file.

Complaint S No.	Quality of action taken by Site Engg on complaint?	If action on the complaint was not taken then, was the reason for not taking action justified?
1.	<input checked="" type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.	<input checked="" type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.	<input type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.	<input type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad	<input type="checkbox"/> Yes <input type="checkbox"/> No
5.	<input type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad	<input type="checkbox"/> Yes <input type="checkbox"/> No
6.	<input type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad	<input type="checkbox"/> Yes <input type="checkbox"/> No
7.	<input type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad	<input type="checkbox"/> Yes <input type="checkbox"/> No
8.	<input type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad	<input type="checkbox"/> Yes <input type="checkbox"/> No
9.	<input type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad	<input type="checkbox"/> Yes <input type="checkbox"/> No
10.	<input type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad	<input type="checkbox"/> Yes <input type="checkbox"/> No
11.	<input type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad	<input type="checkbox"/> Yes <input type="checkbox"/> No
12.	<input type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad	<input type="checkbox"/> Yes <input type="checkbox"/> No
Remarks:		

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**ACTION TAKEN REPORT (FOR COMPLAINTS)**

Flat / bungalow No.	1C - 506.	ATR Date	16-12-09
Project	Somant Reddy	Complaint Date	9-12-09
Customer Name	PRAJAP. KUMAR S.		
Prepared By	Venkateswara Rao.		
Project Manager's Sign		Admin Officer's Sign	

Note: Original ATR should be sent to CR & a copy to MD. CR to file original in customer's file.

Complaint S No.	Action Taken
1	Work completed
2	Work completed

Note: 1: Keep the report brief. 2: Do not repeat the complaint. 3: Use terms like "Work completed", "Changes not permitted -- work not taken up", "Kept pending at customer's request", "Beyond our scope of work", etc.

4967  
19/12/14  
83

COMPLAINT & SUGGESTIONS FORM.

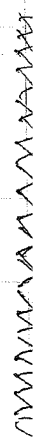
Flat / bungalow No.	IC-506	Date	09-12-2009
Project	PARAMOUNT RESIDENCY		
Customer Name	S. PRATHAP KUMAR		
Customer Sign	<i>S. Prathap Kumar</i>		
Phone No.	9912343384	email	prathapkumar.sivarejan@gmail.com

For office use only. (Do not write here)

Received by:	S.R.M	Sign	<i>[Signature]</i>	Date:	9/12/09
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Note: 1. Original should be sent to Accountant for filing & a copy each to MD & CR. 2. Give a serial number to each complaint. 3. CR can attach copy of this form for emails & other complaints received.

S No	Complaints & Suggestions
✓1.	water leakage from gezel connection pipe at Bathroom.
✓2.	A Small boxes is recognised at doors of bathroom so that boxes will not come out.



**Quality Control Check Repot. For ATR on Complaints.**

Flat / bungalow No.	1C-2505	ATR Date	7/01/10
Project	PMR	Complaint Date	9-12-09
Customer Name	S. Vijay Kumar		
Prepared by	G. vijayraj	Date	11/01/10
Project Manager	Subba Reddy	Date	11/01/10
HO receipt date		Sign	<i>[Signature]</i>
Checked by MD on	22/1/10	MD Sign	<i>[Signature]</i>
MD's Remarks:			
CR to send letter to customer	<input type="checkbox"/> Yes <input type="checkbox"/> No	For filling	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

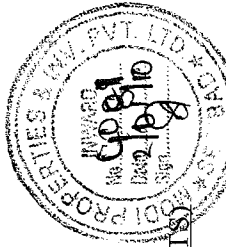
Note: CR will send a copy of ATR and complaint to QC immediately after the receipt of the ATR. QC will send their report on the ATR to the MD within 3 working days. Aruna to file it in MDs pending complaints file.

Complaint S No.	Quality of action taken by Site Engg on complaint?	If action on the complaint was not taken then, was the reason for not taking action justified?
1.	<input type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.	<input type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.	<input type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.	<input type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad	<input type="checkbox"/> Yes <input type="checkbox"/> No
5.	<input type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad	<input type="checkbox"/> Yes <input type="checkbox"/> No
6.	<input type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad	<input type="checkbox"/> Yes <input type="checkbox"/> No
7.	<input type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad	<input type="checkbox"/> Yes <input type="checkbox"/> No
8.	<input type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad	<input type="checkbox"/> Yes <input type="checkbox"/> No
9.	<input type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad	<input type="checkbox"/> Yes <input type="checkbox"/> No
10.	<input type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad	<input type="checkbox"/> Yes <input type="checkbox"/> No
11.	<input type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad	<input type="checkbox"/> Yes <input type="checkbox"/> No
12.	<input type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad	<input type="checkbox"/> Yes <input type="checkbox"/> No

Remarks: Door Locked.



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**ACTION TAKEN REPORT (FOR COMPLAINTS)**

Flat / bungalow No.	1C-305	ATR Date	20/11/09
Project	Sri Anant Residency	Complaint Date	9-11-09
Customer Name	Vijay Kumar. S.		
Prepared By	Venkaateswara Rao Ch.		
Project Manager's Sign	[Signature] Admin Offices [Signature] Sign		

Note: Original ATR should be sent to CR & a copy to MD. CR to file original in customer's file.

Complaint S No.	Action Taken
1	Work completed
2	Work completed
3	Work completed
4	Work completed
5	Work completed
6	Work completed

Note: 1. Keep the report brief. 2. Do not repeat the complaint. 3. Use terms like "Work completed", "Changes not permitted - work not taken up", "Kept pending at customer's request", "Beyond our scope of work", etc.

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### COMPLAINT & SUGGESTIONS FORM.

Flat / bungalow No.	1C-505	Date	09-12-2009
Project	PARAMOUNT RESIDENCY		
Customer Name	S. VIJAY KUMAR		
Customer Sign	<i>S. Vijay Kumar</i>		
Phone No.	9885082651	email	

For office use only. (Do not write here)

Received by: S. J. R. Sign [Signature] Date: 9/12/09

Note: 1. Original should be sent to Accountant for filing & a copy each to MD & CR. 2. Give a serial number to each complaint. 3. CR can attach copy of this form for emails & other complaints received.

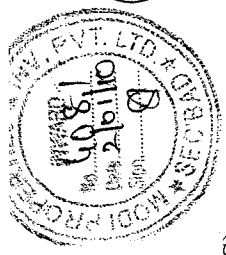
S No	Complaints & Suggestions
1.	Tiles in Hall problem (Shaling)
2.	wrong connection in electric switches in Bed Room, Kitchen, and Hall.
3.	walk been drainage problem in kitchen
4.	Led not there in water tank in kitchen
5.	Water flowing into drainage in bath room not good. Cosmily cost in bath room.
6)	Small doors required at doors of bath room so that water will not come out.

Quality Control Check Report.                      For ATR on Complaints.

Flat / bungalow No.		A-202		ATR Date		7/01/09	
Project		PMR		Complaint Date		19/12/09	
Customer Name							
Prepared by		G.Vijayaraj		Date		11/01/10	
Project Manager		Subba Reddy		Date		11/01/10	
HO receipt date				Sign			
Checked by MD on		22/1/10		MD Sign		W	
MD's Remarks:							
CR to send letter to customer		<input type="checkbox"/> Yes <input type="checkbox"/> No		For filling		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

Note: CR will send a copy of ATR and complaint to QC immediately after the receipt of the ATR. QC will send their report on the ATR to the MD within 3 working days. Aruna to file to file it in MDs pending complaints file.

Complaint S No.	Quality of action taken by Site Engg on complaint?	If action on the complaint was not taken then, was the reason for not taking action justified?
1.	<input checked="" type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.	<input checked="" type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.	<input checked="" type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.	<input type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad	<input type="checkbox"/> Yes <input type="checkbox"/> No
5.	<input type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad	<input type="checkbox"/> Yes <input type="checkbox"/> No
6.	<input type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad	<input type="checkbox"/> Yes <input type="checkbox"/> No
7.	<input type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad	<input type="checkbox"/> Yes <input type="checkbox"/> No
8.	<input type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad	<input type="checkbox"/> Yes <input type="checkbox"/> No
9.	<input type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad	<input type="checkbox"/> Yes <input type="checkbox"/> No
10.	<input type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad	<input type="checkbox"/> Yes <input type="checkbox"/> No
11.	<input type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad	<input type="checkbox"/> Yes <input type="checkbox"/> No
12.	<input type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad	<input type="checkbox"/> Yes <input type="checkbox"/> No
Remarks:		



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ACTION TAKEN REPORT (FOR COMPLAINTS)

Flat / bungalow No.	A   202.	ATR Date	20/12/09.
Project	Parvathi Residency	Complaint Date	19/12/09.
Customer Name	Dambhali		
Prepared By	Venkatesh Rao. Ch.		
Project Manager's Sign	 Admin Officer		

Note: Original ATR should be sent to CR & a copy to MD. CR to file original in customer's file.

Complaint S No.	Action Taken
1	<del>Work</del> Completed
2	<del>Work</del> Completed (Electronic recording)
3	<del>Work</del> Completed.

Note: 1. Keep the report brief. 2. Do not repeat the complaint. 3. Use terms like "Work completed", "Changes not permitted - work not taken up", "Kept pending at customer's request", "Beyond our scope of work", etc.

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COMPLAINT & SUGGESTIONS FORM.

Flat / bungalow No.	A-202	Date	19/12/09.
Project			
Customer Name	Santoshi		
Customer Sign	Santoshi		
Phone No.	94050683	email	

For office use only. (Do not write here)

Received by:	Sign	Date:
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Note: 1. Original should be sent to Accountant for filing & a copy each to MD & CR. 2. Give a serial number to each complaint. 3. CR can attach copy of this form for emails & other complaints received.

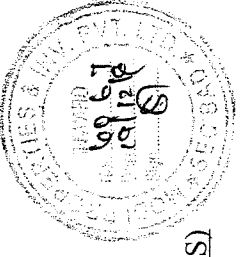
S No	Complaints & Suggestions
1.	In bedroom window screw is not staying opening flap will fall down, kindly fix the screw.
2.	Electrical grounding to be checked
3.	Air lock in the kitchen wali tank kindly send plumber.

Quality Control Check Repot. For ATR on Complaints.

Flat / bungalow No.	3C-504	ATR Date	80/12/09
Project	PMR	Complaint Date	9.12.09
Customer Name	Jaya Kumar Govind		
Prepared by	G. vijay Reddy	Date	11/01/10
Project Manager	Subba Reddy	Date	11/01/10
HO receipt date		Sign	
Checked by MD on	21/1/10	MD Sign	h
MD's Remarks:			
CR to send letter to customer	<input type="checkbox"/> Yes <input type="checkbox"/> No	For filling	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Note: CR will send a copy of ATR and complaint to QC immediately after the receipt of the ATR. QC will send their report on the ATR to the MD within 3 working days. Aruma to file to file it in MDs pending complaints file.

Complaint S No.	Quality of action taken by Site Engg on complaint?	If action on the complaint was not taken then, was the reason for not taking action justified?
1.	<input type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.	<input type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.	<input type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.	<input type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad	<input type="checkbox"/> Yes <input type="checkbox"/> No
5.	<input type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad	<input type="checkbox"/> Yes <input type="checkbox"/> No
6.	<input type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad	<input type="checkbox"/> Yes <input type="checkbox"/> No
7.	<input type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad	<input type="checkbox"/> Yes <input type="checkbox"/> No
8.	<input type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad	<input type="checkbox"/> Yes <input type="checkbox"/> No
9.	<input type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad	<input type="checkbox"/> Yes <input type="checkbox"/> No
10.	<input type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad	<input type="checkbox"/> Yes <input type="checkbox"/> No
11.	<input type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad	<input type="checkbox"/> Yes <input type="checkbox"/> No
12.	<input type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad	<input type="checkbox"/> Yes <input type="checkbox"/> No
Remarks:	Door locked	



ACTION TAKEN REPORT (FOR COMPLAINTS)

Flat / bungalow No.	3c - 504	ATR Date	15-12-09
Project	Parambat Residency	Complaint Date	9-12-09
Customer Name	Jaya Kumar. Govind.		
Prepared By	Umesh Kumar		
Project Manager's Sign	<i>[Signature]</i>	Admin Officer's Sign	<i>[Signature]</i>

Note: Original ATR should be sent to CR & a copy to MD. CR to file original in customer's file.

Complaint S No.	Action Taken
1	Work completed
2	Work completed
3	Work completed
4	Work completed
5	Work completed
6	Work completed
7	Work completed
8	Work completed
9	Work completed

Note: 1. Keep the report brief. 2. Do not repeat the complaint. 3. Use terms like "Work completed", "Changes not permitted - work not taken up", "Kept pending at customer's request", "Beyond our scope of work", etc.

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COMPLAINT & SUGGESTIONS FORM.

Flat / bungalow No.	3C - 504	Date	9/12/09
Project	P.M.R.		
Customer Name	Jayakumar		
Customer Sign			
Phone No.		email	gikin21@gmail.com.

For office use only. (Do not write here)

Received by: <u>S. V. S. R. S. R.</u>	Sign	Date: <u>9/12/09</u>
---------------------------------------	------	----------------------

Note: 1. Original should be sent to Accountant for filing & a copy each to MD & CR. 2. Give a serial number to each complaint. 3. CR can attach copy of this form for emails & other complaints received.

From: "Jayakumar Govind" <gikin21@gmail.com>  
 To: <pmr@modiproperties.com>  
 Sent: 09 December, 2009 8:55 AM  
 Subject: Fwd: Reminder II - Mail to Mr. Subba Reddy.  
 Please look into the below matter and do the needful.

Regards,  
 Jayakumar  
 3C - 504

----- Forwarded message -----

From: **Jayakumar Govind** <gikin21@gmail.com>  
 Date: Tue, Dec 8, 2009 at 4:31 PM  
 Subject: Re: Reminder - Mail to Mr. Subba Reddy.  
 To: pmr@modiproperties.com

Kindly do the needful for the below mentioned points at the earliest.

On Sat, Dec 5, 2009 at 9:47 AM, Jayakumar Govind <gikin21@gmail.com> wrote:  
 Dear Mr. Subba Reddy,

Thank you that you have fixed the hangers for dry cloths in the balcony. Hope the work area hanger too gets fixed soon. Requesting you to kindly look into the below matter and do the needful at the earliest.

- [1]. The attached bathroom of master bedroom certain locations white cement has not been pasted.
- [2]. Water in that bathroom doesn't have force, only 10% of water inlet is available.
- [3]. The flush tank knob is not working properly.
- [4]. Sometimes the water is clogging.
- [5]. The same clogging problem was also there in the other bathroom and when we cleaned ourselves we found got plastic covers, wires, white cement, etc.
- [6]. There is leakage from the outlet of the washbasin, inspite of extremely low pressure of water. Though white cement has been put there but still the leakage didn't stop.
- [7]. In the general bathroom the commode has not been fixed properly.
- [8]. In the balcony the cap on the rain water pipe has not been fixed.
- [9]. In the work area the tap need to be replaced as in one of the out let water doesn't come and in another one there is leakage. This was there since it was fixed.

All the above has been existing since the beginning and we had informed your personnel from time to time to rectify the same.

Requesting you to kindly do the needful.

Thanking you,

Regards,  
 G. Jayakumar.  
 3C - 504.





Quality Control Check Repot. For ATR on Complaints.

Flat / bungalow No.	1C-302	ATR Date	
Project	PMR-1	Complaint Date	24/8/09
Customer Name	Prancy <i>Pravimal</i>		
Prepared by	G. vijay k	Date	12/11/09
Project Manager	Subba Reddy	Date	12/11/09
HO receipt date		Sign	<i>G. gnt</i>
Checked by MD on	<i>m</i>	MD Sign	<i>28/11/09</i>
MD's Remarks:			
CR to send letter to customer	<input type="checkbox"/> Yes <input type="checkbox"/> No	For filling	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Note: CR will send a copy of ATR and complaint to QC immediately after the receipt of the ATR. QC will send their report on the ATR to the MD within 3 working days. Aruna to file to file it in MDs pending complaints file.

Complaint S No.	Quality of action taken by Site Engg on complaint?	If action on the complaint was not taken then, was the reason for not taking action justified?
1.	<input type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
2.	<input type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
3.	<input checked="" type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.	<input type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad	<input type="checkbox"/> Yes <input type="checkbox"/> No
5.	<input type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad	<input type="checkbox"/> Yes <input type="checkbox"/> No
6.	<input type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad	<input type="checkbox"/> Yes <input type="checkbox"/> No
7.	<input type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad	<input type="checkbox"/> Yes <input type="checkbox"/> No
8.	<input type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad	<input type="checkbox"/> Yes <input type="checkbox"/> No
9.	<input type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad	<input type="checkbox"/> Yes <input type="checkbox"/> No
10.	<input type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad	<input type="checkbox"/> Yes <input type="checkbox"/> No
11.	<input type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad	<input type="checkbox"/> Yes <input type="checkbox"/> No
12.	<input type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad	<input type="checkbox"/> Yes <input type="checkbox"/> No
Remarks:		

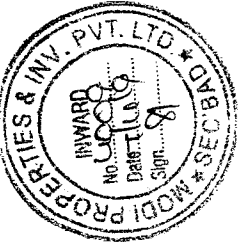
ACTION TAKEN REPORT (FOR COMPLAINTS)

Flat / bungalow No.	1c/302	ATR Date	27/11/08.
Project	Pranay Permal.	Complaint Date	27/11/08.
Customer Name	Pranay Permal.		
Prepared By	Vasudevaraja Rao, CM		
Project Manager's Sign		Admin Officer's Sign	 23-11-08

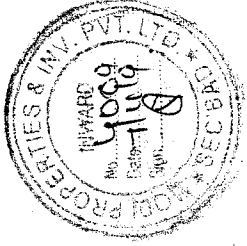
Note: Original ATR should be sent to CR & a copy to MD. CR to file original in customer's file.

Complaint S No.	Action Taken
①	Work is in progress.
②	Except marble all other complaints attended (Regarding change of marble - Beyond our scope)
③	Work completed.
Ch2	

Note: 1. Keep the report brief. 2. Do not repeat the complaint. 3. Use terms like "Work completed", "Changes not permitted - work not taken up", "Kept pending at customer's request", "Beyond our scope of work", etc.



61



COMPLAINT & SUGGESTIONS FORM.

Flat / bungalow No.	1C, 302	Date	24/08/09
Project	Paramount Residency		
Customer Name	Pranay Kumar Patil		
Customer Sign	Pranay Kumar Patil		
Phone No.	9246810585	email	

For office use only. (Do not write here)

Received by:	J. Bhanush	Sign	[Signature]	Date:	24/8
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Note: 1. Original should be sent to Accountant for filing & a copy each to MD & CR. 2. Give a serial number to each complaint. 3. CR can attach copy of this form for emails & other complaints received.

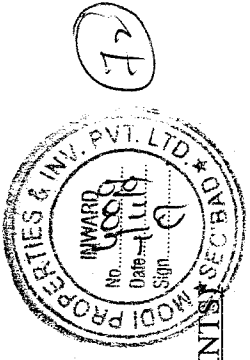
Writal  
in  
P. Patel

S No	Complaints & Suggestions
①	No shade in parking space allotted. Please provide shaded parking
②	Previous complaints of 28/11/08 still pending.
③	Water flow from sink tap is very low,



7  
DADU

Received  
20/08/09  
6/18/09






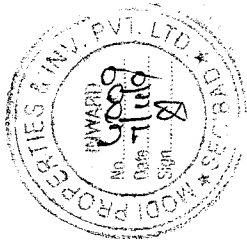
**ACTION TAKEN REPORT FOR COMPLAINTS**

Flat / bungalow No.	1C-403.	ATR Date	31/10/09
Project	Rana w.r. Reddy	Complaint Date	20/10/09.
Customer Name	Nanjit Singh.		
Prepared By	Venkateshwaru Das. CH		
Project Manager's Sign		Admin Officer's Sign	

Note: Original ATR should be sent to CR & a copy to MD. CR to file original in customer's file.

Complaint S No.	Action Taken
1.	work completed
2.	work completed
3.	
4	Regarding OTIS complaints, we have
5	
6	given complaint to OTIS people
	

Note: 1. Keep the report brief. 2. Do not repeat the complaint. 3. Use terms like "Work completed", "Changes not permitted - work not taken up", "Kept pending at customer's request", "Beyond our scope of work", etc.



COMPLAINT & SUGGESTIONS FORM.

Flat / bungalow No.	IC-403	Date	20.10.07
Project	Paramount Residency		
Customer Name	Ranjit Singh		
Customer Sign	[Signature]		
Phone No.	9704293799	email	

For office use only. (Do not write here)

Received by:	[Signature]	Sign	C.H. N. [Signature]	Date:	20/10/07
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Note: 1. Original should be sent to Accountant for filing & a copy each to MD & CR. 2. Give a serial number to each complaint. 3. CR can attach copy of this form for emails & other complaints received.

S No	Complaints & Suggestions
1.	Master bed-room shower leaking
2.	Loose connection of wash basin tap in common area.
3.	Lift Fan not working.
4.	Lift alarm switch not working.
5.	Lift not working.
6.	Lift switch - screw missing in 4th floor.

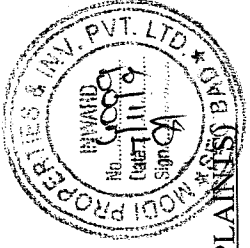
Quality Control Check Repot. For ATR on Complaints.

Flat / bungalow No.	A-202		ATR Date	
Project	PME-2		Complaint Date	
Customer Name	Maganish Namal was			
Prepared by	G.vijay Reddy	Date	12/11/09	Sign
Project Manager	Subba Reddy	Date	12/11/09	Sign
HO receipt date	Sign			
Checked by MD on	20/11/09		MD Sign	✓
MD's Remarks:				
CR to send letter to customer	<input type="checkbox"/> Yes <input type="checkbox"/> No	For filling		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Note: CR will send a copy of ATR and complaint to QC immediately after the receipt of the ATR. QC will send their report on the ATR to the MD within 3 working days. Aruna to file to file it in MDs pending complaints file.

Complaint S No.	Quality of action taken by Site Engg on complaint?	If action on the complaint was not taken then, was the reason for not taking action justified?
1.	<input checked="" type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.	<input checked="" type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.	<input checked="" type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.	<input checked="" type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
5.	<input checked="" type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad	<input type="checkbox"/> Yes <input type="checkbox"/> No
6.	<input type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad	<input type="checkbox"/> Yes <input type="checkbox"/> No
7.	<input type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad	<input type="checkbox"/> Yes <input type="checkbox"/> No
8.	<input type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad	<input type="checkbox"/> Yes <input type="checkbox"/> No
9.	<input type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad	<input type="checkbox"/> Yes <input type="checkbox"/> No
10.	<input type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad	<input type="checkbox"/> Yes <input type="checkbox"/> No
11.	<input type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad	<input type="checkbox"/> Yes <input type="checkbox"/> No
12.	<input type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad	<input type="checkbox"/> Yes <input type="checkbox"/> No
Remarks:		

33



### ACTION TAKEN REPORT (FOR COMPLAINTS)

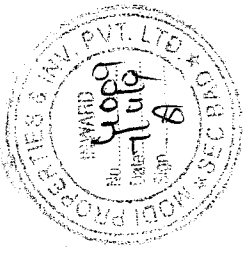
Flat / bungalow No.	A-202.	ATR Date	2-11-09.
Project	Serwani Residency	Complaint Date	2-11-09.
Customer Name	MAnish. Nalamwar		
Prepared By	Venkateswara Rao. CH		
Project Manager's Sign	<i>[Signature]</i>	Admin Officer's Sign	<i>[Signature]</i>

Note: Original ATR should be sent to CR & a copy to MD. CR to file original in customer's file.

Complaint S No.	Action Taken
1	work completed.
2	work completed.
3.	work completed.
4	work completed.
5.	work completed.
<i>[Signature]</i>	

Note: 1. Keep the report brief. 2. Do not repeat the complaint. 3. Use terms like "Work completed", "Changes not permitted - work not taken up", "Kept pending at customer's request", "Beyond our scope of work", etc.





**COMPLAINT & SUGGESTIONS FORM.**

Flat / bungalow No.	A-202	Date	2-11-2009
Project	PMR		
Customer Name	MANISH NALAMWAR		
Customer Sign	<u>Manish Kumar</u>		
Phone No.	9440506683	email	<del>Manish</del> Nalamwar, Manishkumar@rcilab.in

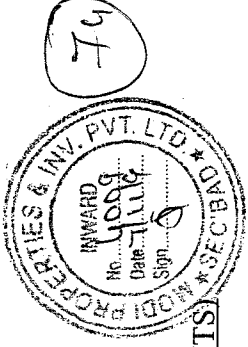
For office use only. (Do not write here)

Received by:	G.R.M	Sign	<u>sk</u>	Date:	2/11/09
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Note: 1. Original should be sent to Accountant for filing & a copy each to MD & CR. 2. Give a serial number to each complaint. 3. CR can attach copy of this form for emails & other complaints received.

S No	Complaints & Suggestions
✓1)	Drinking water is not coming. (Thro Tank)
✓2)	Electroic switch problems. (WHL switches) -
✓3)	White cementing to be done inside rooms. (all rooms) ✓
✓4)	A Block of parking place levelings are not proper.
✓5)	Hole in the kitchen platform for gas tube. -





### ACTION TAKEN REPORT (FOR COMPLAINTS)

Flat / bungalow No.	A 205	ATR Date	21/11/08.
Project	Sarang Residency		
Customer Name	Mohammed Sulefman.		
Prepared By	Venkateswara Reddy. Ekt		
Project Manager's Sign	Roby	Admin Officer's Sign	[Signature] / 25/11/08

Note: Original ATR should be sent to CR & a copy to MD. CR to file original in customer's file.

Complaint S No.	Action Taken
1	work completed
2	work completed
3	work completed
4	work completed
5	work completed
6	Carpenter problems. (Not returning up)
	completed
Chy	

Note: 1. Keep the report brief. 2. Do not repeat the complaint. 3. Use terms like "Work completed", "Changes not permitted - work not taken up", "Kept pending at customer's request", "Beyond our scope of work", etc.



COMPLAINT & SUGGESTIONS FORM.

Flat / bungalow No.	A-205	Date	2-11-09
Project	Parsa Mount		
Customer Name	Md. Selaiman		
Customer Sign	Shauk. Alla Bad Sui		
Phone No.	9963911769	email	

For office use only (Do not write here)

Received by:	SM	Sign		Date:	2/11/09
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Note: 1. Original should be sent to Accounts for filing & a copy each to MD & CR. 2. Give a serial number to each complaint. 3. CR can attach copy of this form for emails & other complaints received.

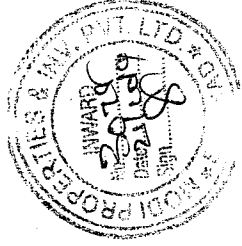
S No	Complaints & Suggestions
1	Main door and Name plate to be cleaned
2	White <del>paint</del> cement work to be done at Joint of flooring
3	Kitchen sink is leaking -
4	Both room walls to be cleaned (Paint)
5	Lap tanks to be fitted properly.
6	One glass to be fitted in chule in attached both room.

Quality Control Check Repot. For ATR on Complaints.

Flat / bungalow No.	A-309		ATR Date	
Project	PMR-2		Complaint Date	12/7/09
Customer Name	T-G. SUBRAMANYAM			
Prepared by	G. vijay kumar	Date	29/10/09	Sign
Project Manager	Sivasubedy	Date	29/10/09	Sign
HO receipt date		Sign		
Checked by MD on	28/11/09	MD Sign		
MD's Remarks:				
CR to send letter to customer	<input type="checkbox"/> Yes <input type="checkbox"/> No	For filling	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

Note: CR will send a copy of ATR and complaint to QC immediately after the receipt of the ATR. QC will send their report on the ATR to the MD within 3 working days. Aruna to file to file it in MDs pending complaints file.

Complaint S No.	Quality of action taken by Site Engg on complaint?	If action on the complaint was not taken then, was the reason for not taking action justified?
1.	<input type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
2.	<input checked="" type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.	<input checked="" type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.	<input checked="" type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad	<input type="checkbox"/> Yes <input type="checkbox"/> No
5.	<input checked="" type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad	<input type="checkbox"/> Yes <input type="checkbox"/> No
6.	<input checked="" type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad	<input type="checkbox"/> Yes <input type="checkbox"/> No
7.	<input checked="" type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad	<input type="checkbox"/> Yes <input type="checkbox"/> No
8.	<input checked="" type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad	<input type="checkbox"/> Yes <input type="checkbox"/> No
9.	<input type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
10.	<input type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
11.	<input type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad	<input type="checkbox"/> Yes <input type="checkbox"/> No
12.	<input type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad	<input type="checkbox"/> Yes <input type="checkbox"/> No
Remarks:		



ACTION TAKEN REPORT (FOR COMPLAINTS)

Flat / bungalow No.	A/309	ATR Date	14/7/09
Project	PNR-1	Complaint Date	12/7/09
Customer Name	T.G. SUBRAMANIAM		
Prepared By	VENKATESWARAN C.V		
Project Manager's Sign		Admin Officer's Sign	

Note: Original ATR should be sent to CR & a copy to MD. CR to file original in customer's file.

Complaint S No.	Action Taken
1.	OUT OF SCOPE.
2.	Completed.
3.	Completed
4.	Completed
5.	Completed
6.	Completed
7.	Completed
8.	Completed
9.	Completed
10.	OUT OF SCOPE
11.	NOT POSSIBLE.
12.	
13.	
14.	
15.	
16.	
17.	
18.	
19.	
20.	
21.	
22.	
23.	
24.	
25.	
26.	
27.	
28.	
29.	
30.	

CH  
14/11/09

Note: 1. Keep the report brief. 2. Do not repeat the complaint. 3. Use terms like "Work completed", "Changes not permitted - work not taken up", "Kept pending at customer's request", "Beyond our scope of work", etc.

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(51)

A309 REF: VISIT TO PLANT  
PENDING WORKS 12/7/09  
at 4-35  
75-35P4

X1) MAIN DOOR GYE

✓2) FLOOR POLISH / POLISH

✓3) CLEANING OF BATHROOMS

✓4) 3 PHASE SUPPLY

✓5) PROPER FINISH OF SWITCH  
BOARD

Check ✓6) URBAN CAR RODS

✓7) GENERAL CLEANING

✓8) PAINT TOUCHUP.

✓9) DOOR STOPPER

✓10) DOOR TOWER BOLTS

X 11) SHIFTER OF WATER STORAGE  
TANK

AFTER COMPLETION OF THE WORK WILL

PAY BALANCE AMOUNT

REWARDS

T.G. SUBRAMANIAM  
98496 33377



151

COMPLAINT & SUGGESTIONS FORM.

Flat / bungalow No.	A/309	Date	12/7/09.
Project	PMR-I		
Customer Name	T.C. SUBRAJANAYAM		
Customer Sign			
Phone No.	9849633377	email	

For office use only. (Do not write here)

Received by:	Sign	Date:
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Note: 1. Original should be sent to Accountant for filing & a copy each to MD & CR. 2. Give a serial number to each complaint. 3. CR can attach copy of this form for emails & other complaints received.

S No	Complaints & Suggestions
1.	main door eye
2.	floor finish / polish
3.	Cleaning of back rooms
4.	3 phase supply
5.	Proper fixing of switch board
6.	ventilator work
7.	General cleaning
8.	Painting 1-outh wall
9.	door stopper
10.	door tower work
11.	stiffing of weather storage tank



### COMPLAINT & SUGGESTIONS FORM.



Flat / bungalow No.	A-3a7	Date	12/07/19
Project	PMR		
Customer Name	G. ARRITA SATTANAYAK		
Customer Sign			
Phone No.	9849633377	email	

For office use only. (Do not write here)

Received by:	Sign	Date:

Note: 1. Original should be sent to Accountant for filing & a copy each to MD & CR. 2. Give a serial number to each complaint. 3. CR can attach copy of this form for emails & other complaints received.

S No	Complaints & Suggestions
	Customer Complaint Letter Attached
	[ After completion of work he will release balance amount of Rs 2.52 Lakhs. Registration not done. Refraction not given.]

**From:** "pmr" <pmr@modiproperties.com>  
**To:** "Customer Relations" <cr@modiproperties.com>  
**Cc:** <deshmukh@modiproperties.com>  
**Sent:** Monday, July 13, 2009 2:00 PM  
**Attach:** draft.complaint A - 309.pdf  
**Subject:** Complaints - reg..

Dear sir,

Please find the attachment of A -309 flat complaint scan document.

Thank you,

with regards,

S.V.Subba Reddy,  
PMR - Nagaram.

7/13/2009

A 309

REF: VISIT TO FLATON

POUNDING WORKS

12/7/09

at 4-35

TS-35P.4

- X1) MAIN DOOR GYF
- 2) FLOOR FINISH | POLISH
- 3) CLEANING OF BATHROOMS

4) SPARSE SUPPLY

5) PROPER FITTING OF SWITCH  
BOARD

6)

Check — 6) URBAN CARE RODS

7) GENERAL CLEANING

8) PAINT TOUCHUP.

9) DOOR STOPPER

DOOR TOWER BOLTS

X 10)

X 10) SHIFTING OF WATER STORAGE  
TANK

AFTER COMPLETION OF THE WORK I WILL

PAY BALANCE AMOUNT

REGARDS

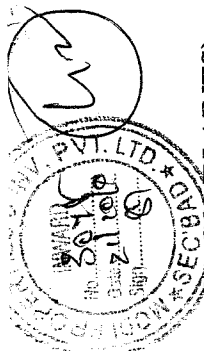
T.G. SUBRAMANIAM  
98496 33377

Quality Control Check Report. For ATR on Complaints.

Flat / bungalow No.	B-109	ATR Date	
Project	PM2-2	Complaint Date	27/6/09
Customer Name	T. Sashi Kiban		
Prepared by	G. Vijay Lij	Date	29/10/09
Project Manager	Sriss A Reddy	Date	29/10/09
HO receipt date		Sign	
Checked by MD on	Srjy/09	MD Sign	W
MD's Remarks:			
CR to send letter to customer	<input type="checkbox"/> Yes <input type="checkbox"/> No	For filling	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Note: CR will send a copy of ATR and complaint to QC immediately after the receipt of the ATR. QC will send their report on the ATR to the MD within 3 working days. Aruna to file to file it in MDs pending complaints file.

Complaint S No.	Quality of action taken by Site Engg on complaint?	If action on the complaint was not taken then, was the reason for not taking action justified?
1.	<input type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.	<input type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.	<input type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.	<input type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad	<input type="checkbox"/> Yes <input type="checkbox"/> No
5.	<input type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad	<input type="checkbox"/> Yes <input type="checkbox"/> No
6.	<input type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad	<input type="checkbox"/> Yes <input type="checkbox"/> No
7.	<input type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad	<input type="checkbox"/> Yes <input type="checkbox"/> No
8.	<input type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad	<input type="checkbox"/> Yes <input type="checkbox"/> No
9.	<input type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad	<input type="checkbox"/> Yes <input type="checkbox"/> No
10.	<input type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad	<input type="checkbox"/> Yes <input type="checkbox"/> No
11.	<input type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad	<input type="checkbox"/> Yes <input type="checkbox"/> No
12.	<input type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad	<input type="checkbox"/> Yes <input type="checkbox"/> No
Remarks:	D00700 Locked	



**ACTION TAKEN REPORT (FOR COMPLAINTS)**

Flat / bungalow No.	B/109	ATR Date	10/7/09
Project	Parliament Residing	Complaint Date	29/6/09
Customer Name	T. Sashi Kiran		
Prepared By			
Project Manager's Sign		Admin Officer's Sign	


Note: Original ATR should be sent to CR & a copy to MD. CR to file original in customer's file.

Complaint S No.	Action Taken
1.	Completed the work
2.	Work completed
3.	Work completed

Note: 1. Keep the report brief. 2. Do not repeat the complaint. 3. Use terms like "Work completed", "Changes not permitted - work not taken up", "Kept pending at customer's request", "Beyond our scope of work", etc.

COMPLAINT & SUGGESTIONS FORM.

(42)



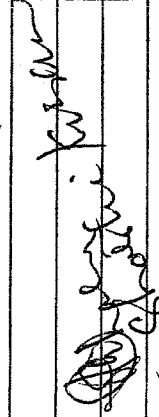
Flat / bungalow No.	131/09	Date	27/6/19.
Project			
Customer Name	P. Shashi Kumar		
Customer Sign			
Phone No.	27124612	email	

For office use only. (Do not write here)

Received by:	Sign	Date:
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Note: 1. Original should be sent to Accountant for filing & a copy each to MD & CR. 2. Give a serial number to each complaint. 3. CR can attach copy of this form for emails & other complaints received.

S No	Complaints & Suggestions
1)	Bed room and Toilet doors, stopers are not fixed.
2)	Sliding window gears are not cleaned.
3)	All Taps are not getting water (some of them)
	O/E from 28/6/19

  
 P. Shashi Kumar  
 Dept T. Chennai  
 10/6/19

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COMPLAINT & SUGGESTIONS FORM.

Flat / bungalow No.	S 6/109	Date	27/6/19.
Project			
Customer Name	T. Shashi Kumar		
Customer Sign			
Phone No.	27124612	email	

For office use only. (Do not write here)

Received by:	Sign	Date:
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Note: 1. Original should be sent to Accountant for filing & a copy each to MD & CR. 2. Give a serial number to each complaint. 3. CR can attach copy of this form for emails & other complaints received.

S No	Complaints & Suggestions
1)	Bed room and Toilet doors. papers are not fixed.
2)	Sliding window gears are not cleaned.
3)	All Taps are not getting water (some etc)

*T. Shashi Kumar*  
*don T. email*  
*10.2*





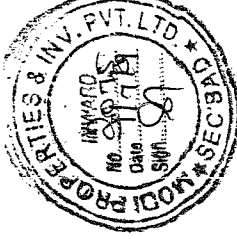
Quality Control Check Repot.      For ATR on Complaints.

Flat / bungalow No.		1C-507		ATR Date			
Project		Prj 0-1		Complaint Date		6/7/09	
Customer Name							
Prepared by		G. vijay G		Charitanya			
Project Manager		Sudha Reddy		29/10/09		29/10/09	
HO receipt date				Sign			
Checked by MD on		29/10/09		MD Sign		h	
MD's Remarks:							
CR to send letter to customer		<input type="checkbox"/> Yes <input type="checkbox"/> No		For filling		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

Note: CR will send a copy of ATR and complaint to QC immediately after the receipt of the ATR. QC will send their report on the ATR to the MD within 3 working days. Aruna to file to file it in MDs pending complaints file.

Complaint S No.	Quality of action taken by Site Engg on complaint?	If action on the complaint was not taken then, was the reason for not taking action justified?
1.	<input type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
2.	<input type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.	<input type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.	<input type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad	<input type="checkbox"/> Yes <input type="checkbox"/> No
5.	<input type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad	<input type="checkbox"/> Yes <input type="checkbox"/> No
6.	<input type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad	<input type="checkbox"/> Yes <input type="checkbox"/> No
7.	<input type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad	<input type="checkbox"/> Yes <input type="checkbox"/> No
8.	<input type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad	<input type="checkbox"/> Yes <input type="checkbox"/> No
9.	<input type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad	<input type="checkbox"/> Yes <input type="checkbox"/> No
10.	<input type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad	<input type="checkbox"/> Yes <input type="checkbox"/> No
11.	<input type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad	<input type="checkbox"/> Yes <input type="checkbox"/> No
12.	<input type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad	<input type="checkbox"/> Yes <input type="checkbox"/> No
Remarks:		

67109



COMPLAINT & SUGGESTIONS FORM.

Flat / bungalow No.	507 / C-1	Date	07/06/2019
Project	PMIR 67109		
Customer Name	B. MADHU CHAITANYA		
Customer Sign	B.M. C. WOSI		
Phone No.	9160001404	email	

For office use only. (Do not write here)

Received by:	Sign	Date:
--------------	------	-------

Note: 1. Original should be sent to Accountant for filing & a copy each to MD & CR. 2. Give a serial number to each complaint. 3. CR can attach copy of this form for emails & other complaints received.

S No	Complaints & Suggestions
	Low voltage in all rooms

Ch  
6/7/19

Customer says how <sup>Full</sup> voltage is  
 received. He says there is no complaint  
 in favour of Ch. Newlandashur so Enag on 6/7/19 itself

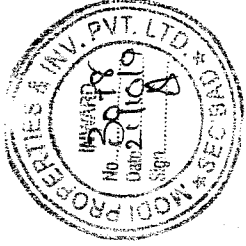
Page 1 of 2

Quality Control Check Repot. For ATR on Complaints.


Flat / bungalow No.	2C-107	ATR Date	
Project	PYE-1	Complaint Date	18-7-09
Customer Name	P. Recna Prakash		
Prepared by	G. vijayraj	Date	29/10/09
Project Manager	SUBBARADDY	Date	29/10/09
HO receipt date		Sign	
Checked by MD on	26/11/09	MD Sign	
MD's Remarks:			
CR to send letter to customer	<input type="checkbox"/> Yes <input type="checkbox"/> No	For filling	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Note: CR will send a copy of ATR and complaint to QC immediately after the receipt of the ATR. QC will send their report on the ATR to the MD within 3 working days. Aruna to file to file it in MDs pending complaints file.

Complaint S No.	Quality of action taken by Site Engg on complaint?	If action on the complaint was not taken then, was the reason for not taking action justified?
1.	<input type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.	<input type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.	<input type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.	<input type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad	<input type="checkbox"/> Yes <input type="checkbox"/> No
5.	<input type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad	<input type="checkbox"/> Yes <input type="checkbox"/> No
6.	<input type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad	<input type="checkbox"/> Yes <input type="checkbox"/> No
7.	<input type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad	<input type="checkbox"/> Yes <input type="checkbox"/> No
8.	<input type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad	<input type="checkbox"/> Yes <input type="checkbox"/> No
9.	<input type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad	<input type="checkbox"/> Yes <input type="checkbox"/> No
10.	<input type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad	<input type="checkbox"/> Yes <input type="checkbox"/> No
11.	<input type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad	<input type="checkbox"/> Yes <input type="checkbox"/> No
12.	<input type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad	<input type="checkbox"/> Yes <input type="checkbox"/> No
Remarks:	Door Locked.	



ACTION TAKEN REPORT (FOR COMPLAINTS)

Flat / bungalow No.	2c-107	ATR Date	25-7-09
Project	PNR-I	Complaint Date	18-7-09
Customer Name	P. REENA PRAKASH		
Prepared By	CH. VENKATESWAR RAO.		
Project Manager's Sign	 Admin Officer's Sign		

Note: Original ATR should be sent to CR & a copy to MD. CR to file original in customer's file.

Complaint S No.	Action Taken	
1.	Completed	
2.	Completed	
3.	Completed.	
CH		

Note: 1. Keep the report brief. 2. Do not repeat the complaint. 3. Use terms like "Work completed", "Changes not permitted - work not taken up", "Kept pending at customer's request", "Beyond our scope of work", etc.



COMPLAINT & SUGGESTIONS FORM.

Flat / bungalow No.	26-107	Date	18/7/09
Project	Paramount Residency.		
Customer Name	P. Reena Prakash		
Customer Sign	<i>P. Reena Prakash</i>		
Phone No.	9701531007	email	reenajune81@gmail.com

For office use only. (Do not write here)

Received by: <i>A.M.K.</i>	Sign <i>h</i>	Date: 18/7/09
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Note: 1. Original should be sent to Accountant for filing & a copy each to MD & CR. 2. Give a serial number to each complaint. 3. CR can attach copy of this form for emails & other complaints received.

S No	Complaints & Suggestions
v1.	No lighting in the Common Area.
v2.	Gaps should be filled in the tiles inside the flat.
v3.	Rain water coming into the flat through the Main door.



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### COMPLAINT & SUGGESTIONS FORM.

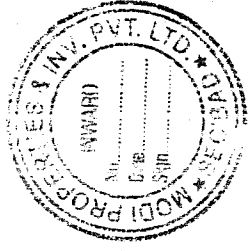
Flat / bungalow No.	2C-107	Date	18/7/09
Project	Paramount Residency.		
Customer Name	P. Reena Prakash		
Customer Sign	Pradeep (Pradeep Kumar) On behalf of Reena		
Phone No.	9701531007	email	reerajune81@gmail.com

For office use only. (Do not write here)

Received by:	<i>A.P.M.</i>	Sign	<i>[Signature]</i>	Date: 18/7/09
--------------	---------------	------	--------------------	---------------

Note: 1. Original should be sent to Accountant for filing & a copy each to MD & CR. 2. Give a serial number to each complaint. 3. CR can attach copy of this form for emails & other complaints received.

S No	Complaints & Suggestions
V1.	NO lighting in the Common Area.
V2.	Gaps should be filled in the tiles inside the flat.
V3.	Rain water coming into the flat through the Main door.



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**ACTION TAKEN REPORT (FOR COMPLAINTS)**

Flat / bungalow No.	2c-107	ATR Date	25-7-09
Project	PMR-I	Complaint Date	18-7-09
Customer Name	P. DEENA PRAKASH		
Prepared By	CH. VENKATESWAR RAO.		
Project Manager's Sign	<i>[Signature]</i>	Admin Officer's Sign	<i>[Signature]</i>

Note: Original ATR should be sent to CR & a copy to MD. CR to file original in customer's file.

Complaint S No.	Action Taken
1.	Completed
2.	Completed
3.	Completed.

CH

Note: 1. Keep the report brief. 2. Do not repeat the complaint. 3. Use terms like "Work completed", "Changes not permitted - work not taken up", "Kept pending at customer's request", "Beyond our scope of work", etc.





**From:** "Reena P Pagadala" <reena.pagadala@in.ibm.com>  
**To:** <pmr@modiproperties.com>  
**Cc:** <cr@modiproperties.com>  
**Sent:** Wednesday, July 08, 2009 5:52 PM  
**Subject:** Regarding Maintenance issue at Paramount Residency

Hi

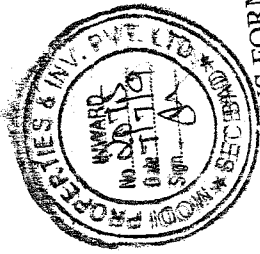
I, Reena Prakash Pagadala Owner of Flat No: 207, Paramount Residency, Nagaram received complaints from my tenants that the Maintenance is poor. The common areas (balconies) don't have bulbs and it has become tough for them during nights. When the tenants contacted site office there, in spite of getting it done its being neglected and they were asked to talk to owners.

I request you to look into this and get it done ASAP so that we will not be questioned for the Maintenance charge they are paying.

Thanks & Regards  
Reena Prakash Pagadala  
Mobile #: 9701531007



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COMPLAINT & SUGGESTIONS FORM.

Flat / No.	2C-309	Date	2/7/2009
Customer Name	Paramount Residency		
Customer Sign	A. Venkateswale		
Phone No.	9989294491	email	

For office use only. (Do not write here) Sign Date: \_\_\_\_\_

Note: 1. Original should be sent to Accountant for filing & a copy each to MD & CR. 2. Give a serial number to each complaint. 3. CR can attach copy of this form for emails & other complaints received.

S No	Complaints & Suggestions
01	Window lock can be opened through window
02	Window can be put easily
03	Drinking water tap is not working properly
04	Bath room lock is permanently locked.
05	Bath room sink tap is not working properly.
06	Bath room taps are leaking cleaning
07	Drinking water tanker cap is opened.
08	Change name in electricity documents

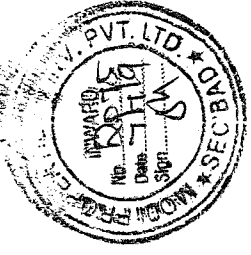


Quality Control Check Report. For ATR on Complaints.

Flat / bungalow No.	2C-305		ATR Date	
Project	Pyl-2		Complaint Date	6/7/09
Customer Name	Anup Kumar			
Prepared by	Gvijayraj	Date	29/10/09	Sign
Project Manager	Susna Reddy	Date	29/10/09	Sign
HO receipt date			Sign	
Checked by MD on	29/10/09		MD Sign	W
MD's Remarks:				
CR to send letter to customer	<input type="checkbox"/> Yes <input type="checkbox"/> No	For filling		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Note: CR will send a copy of ATR and complaint to QC immediately after the receipt of the ATR. QC will send their report on the ATR to the MD within 3 working days. Aruna to file it in MDs pending complaints file.

Complaint S No.	Quality of action taken by Site Engg on complaint?	If action on the complaint was not taken then, was the reason for not taking action justified?
1.	<input checked="" type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.	<input checked="" type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.	<input type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
4.	<input checked="" type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad	<input type="checkbox"/> Yes <input type="checkbox"/> No
5.	<input checked="" type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad	<input type="checkbox"/> Yes <input type="checkbox"/> No
6.	<input type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad	<input type="checkbox"/> Yes <input type="checkbox"/> No
7.	<input type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad	<input type="checkbox"/> Yes <input type="checkbox"/> No
8.	<input type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad	<input type="checkbox"/> Yes <input type="checkbox"/> No
9.	<input type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad	<input type="checkbox"/> Yes <input type="checkbox"/> No
10.	<input type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad	<input type="checkbox"/> Yes <input type="checkbox"/> No
11.	<input type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad	<input type="checkbox"/> Yes <input type="checkbox"/> No
12.	<input type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad	<input type="checkbox"/> Yes <input type="checkbox"/> No
Remarks:		



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COMPLAINT & SUGGESTIONS FORM.

Flat / bungalow No.	2C, 305	Date	6/7/09
Project	PMR		
Customer Name	ANUP KUMAR		
Customer Sign	<i>[Signature]</i>		
Phone No.	9052995088	email	

For office use only. (Do not write here)

Received by:	<i>[Signature]</i> Sign	Date:	6/7/09
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Note: 1. Original should be sent to Accountant for filing & a copy each to MD & CR. 2. Give a serial number to each complaint. 3. CR can attach copy of this form for emails & other complaints received.

S No	Complaints & Suggestions
1.	Utility Area, drainage - slant of tiles
2.	Bathroom - slant of tiles - rectify
3.	Re-work marble slabs cracked/chipped (Dressing room, Bedroom, Utility Area, Kitchen)
4.	Patch up work - B/Room, D/Room, Kitchen
5.	Re-install open platform (Kitchen) - (Amount paid).

*[Signature]*  
6/7/09  
11-25102-11

120x5

Quality Control Check Report. For ATR on Complaints.

Flat / bungalow No.	1C-203	ATR Date	
Project	PMR-B	Complaint Date	5-7-09
Customer Name	L. Vani Vishwanath Reddy		
Prepared by	G. Vijay Lal	Date	29/10/09
Project Manager	Subba Reddy	Date	29/10/09
HO receipt date		Sign	
Checked by MD on	<i>[Signature]</i>	MD Sign	<i>[Signature]</i>
MD's Remarks:			
CR to send letter to customer	<input type="checkbox"/> Yes <input type="checkbox"/> No	For filling	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Note: CR will send a copy of ATR and complaint to QC immediately after the receipt of the ATR. QC will send their report on the ATR to the MD within 3 working days. Aruna to file to file it in MDs pending complaints file.

Complaint S No.	Quality of action taken by Site Engg on complaint?	If action on the complaint was not taken then, was the reason for not taking action justified?
1.	<input type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
2.	<input type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
3.	<input checked="" type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.	<input type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
5.	<input type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad	<input type="checkbox"/> Yes <input type="checkbox"/> No
6.	<input type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad	<input type="checkbox"/> Yes <input type="checkbox"/> No
7.	<input type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad	<input type="checkbox"/> Yes <input type="checkbox"/> No
8.	<input type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad	<input type="checkbox"/> Yes <input type="checkbox"/> No
9.	<input type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad	<input type="checkbox"/> Yes <input type="checkbox"/> No
10.	<input type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad	<input type="checkbox"/> Yes <input type="checkbox"/> No
11.	<input type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad	<input type="checkbox"/> Yes <input type="checkbox"/> No
12.	<input type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad	<input type="checkbox"/> Yes <input type="checkbox"/> No
Remarks:		

174  
174



COMPLAINT & SUGGESTIONS FORM.

Flat / bungalow No.	1C-203	Date	5-7-09
Project	Paranant Residency		
Customer Name	L. Varun Viswanath Reddy		
Customer Sign	<i>[Signature]</i>		
Phone No.	9246180083	email	

For office use only. (Do not write here)

Received by: *[Signature]* Sign Date: 6/7/09

Note: 1. Original should be sent to Accountant for filing & a copy each to MD & CR. 2. Give a serial number to each complaint. 3. CR can attach copy of this form for emails & other complaints received.

S No	Complaints & Suggestions
1.	Drinking Water TOP is n't working properly <i>[initials]</i>
2.	Door Holder's are n't fixed <i>[initials]</i>
3.	skulling / Polishing and Painting in Balcony and utility are pending <i>[initials]</i>
4.	Bath Room's top's also n't working <i>[initials]</i>

*[Signature]*  
6/17/09

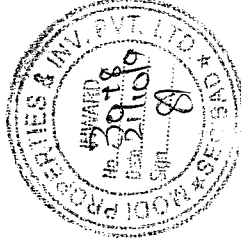


**Quality Control Check Repot. For ATR on Complaints.**

Flat / bungalow No.	3C-504	ATR Date	
Project	PME-2	Complaint Date	23/9/09
Customer Name	Jaya Kumar Govind		
Prepared by	G.vijay kumar	Date	29/10/09
Project Manager	Subba Reddy	Date	29/10/09
HO receipt date		Sign	G. Govind
Checked by MD on	X/10/09	MD Sign	<i>[Signature]</i>
MD's Remarks:			
CR to send letter to customer	<input type="checkbox"/> Yes <input type="checkbox"/> No	For filing	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Note: CR will send a copy of ATR and complaint to QC immediately after the receipt of the ATR. QC will send their report on the ATR to the MD within 3 working days. Aruna to file to file it in MDs pending complaints file.

Complaint S No.	Quality of action taken by Site Engg on complaint?	If action on the complaint was not taken then, was the reason for not taking action justified?
1.	<input checked="" type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
2.	<input checked="" type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.	<input checked="" type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.	<input checked="" type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad	<input type="checkbox"/> Yes <input type="checkbox"/> No
5.	<input checked="" type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad	<input type="checkbox"/> Yes <input type="checkbox"/> No
6.	<input type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
7.	<input checked="" type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad	<input type="checkbox"/> Yes <input type="checkbox"/> No
8.	<input checked="" type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad	<input type="checkbox"/> Yes <input type="checkbox"/> No
9.	<input checked="" type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad	<input type="checkbox"/> Yes <input type="checkbox"/> No
10.	<input type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad	<input type="checkbox"/> Yes <input type="checkbox"/> No
11.	<input type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad	<input type="checkbox"/> Yes <input type="checkbox"/> No
12.	<input type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad	<input type="checkbox"/> Yes <input type="checkbox"/> No
Remarks:		



ACTION TAKEN REPORT (FOR COMPLAINTS)

Flat / bungalow No.	C3 / 504	ATR Date	19/10/09
Project		Complaint Date	28/9/09
Customer Name	Jaya Kumari Govind.		
Prepared By			
Project Manager's Sign		Admin Officer's Sign	

Note: Original ATR should be sent to CR & a copy to MD. CR to file original in customer's file.

Complaint S No.	Action Taken
①	<p>Kitchen chused tiles were supplied by customer.</p> <p>We have no tiles to replace the broken tiles.</p> <p>We have informed to customer to bring the tiles. Some interior works are going in his flat.</p>

Note: 1. Keep the report brief. 2. Do not repeat the complaint. 3. Use terms like "Work completed", "Changes not permitted -- work not taken up", "Kept pending at customer's request", "Beyond our scope of work", etc.

**PMR**

---

**From:** "Jayakumar Govind" <gjin21@gmail.com>  
**To:** <pmr@modiproperties.com>  
**Sent:** 23 September, 2009 5:15 PM  
**Subject:** Kitchen Tiles Flat No. 3C-504

Dear Mr. Subba Reddy,

Two kitchen tiles are broken and at one broken place with white cement patch work has been done which is looking very ugly. These tiles were not broken earlier and I had supplied sufficient extra tiles too. Kindly ensure the replacement of the same.

Regards,  
G. Jayakumar



COMPLAINT & SUGGESTIONS FORM.

Flat / bungalow No.	3C - 5A4	Date	04/08/19
Project	PMB		
Customer Name	G. Jayaraman		
Customer Sign			
Phone No.	9246599619	email	gjayaraman@gmail.com

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Received by:	Sign	Date:
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Note: 1. Original should be sent to Accountant for filing & a copy each to MD & CR. 2. Give a serial number to each complaint. 3. CR can attach copy of this form for emails & other complaints received.

S No	Complaints & Suggestions
	Customer Mail copy enclosed

**From:** "Jayakumar Govind" <gjin21@gmail.com>  
**To:** <pmr@modiproperties.com>  
**Cc:** <cr@modiproperties.com>  
**Sent:** Monday, August 03, 2009 4:15 PM  
**Subject:** Mail to Mr. Subba Rao Reg: Flat No. 504 - 3C

Dear Mr. Subba Rao

Further to the discussion had 10 days back with regard to reminding of additional requirements to be done for my Flat no. 504 - 3 C, I would request you to expedite the finishing work of my flat as soon as possible. The doors and the window grills, window panels and wiring are yet to be fixed which I request you to kindly expedite the work along with all other pending work for my flat. I also require permission to start my interior work pertaining to false ceiling and wooden work to be done in kitchen, hall and bedrooms at the earliest.

Just to highlight would like to repeat again here in below the request for additional fittings and rectification of fittings to be made:

- [1]. Additional point for Wash Basin in the hall. (The work was underway, last Thursday)
- [2]. Electric point (bulb holder) above wash basin mirror in both the bathrooms.
- [3]. There is a piece of tile in Kitchen propping out which need to be refined.
- [4]. 4 inch hole in Kitchen for electric chimney, which you had told would be done at the time of interior work.
- [5]. The final paint coating need to be done only after the wooden work is completed.
- [6]. The electric points in rooms need to be exactly opposite to each other.
- [7]. The big marble slab which was broken need to be replaced.
- [8]. While marking the parking lot please provide me both car parking and two wheeler parking close by and in a convenient place.

Apart from the above I had mentioned few more rectifications to be done to Mr. Hanumanth on your behalf. Once again requesting you expedite the work.

Awaiting your reply.

Regards,

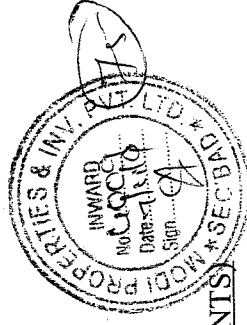
G. Jayakumar  
9246350156

**Quality Control Check Report. For ATR on Complaints.**

Flat / bungalow No.	B-105	ATR Date	
Project	PMR-I	Complaint Date	27/10/09
Customer Name	V. S. Shankar		
Prepared by	G. vijay Raj	Date	12/11/09
Project Manager	Subba Reddy	Date	12/11/09
HO receipt date		Sign	G. G. J. J.
Checked by MD on	10/12/09	MD Sign	W
MD's Remarks:			
CR to send letter to customer	<input type="checkbox"/> Yes <input type="checkbox"/> No	For filling	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Note: CR will send a copy of ATR and complaint to QC immediately after the receipt of the ATR. QC will send their report on the ATR to the MD within 3 working days. Aruna to file to file it in MDs pending complaints file.

Complaint S No.	Quality of action taken by Site Engg on complaint?	If action on the complaint was not taken then, was the reason for not taking action justified?
1.	<input type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.	<input type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.	<input type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.	<input type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad	<input type="checkbox"/> Yes <input type="checkbox"/> No
5.	<input type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad	<input type="checkbox"/> Yes <input type="checkbox"/> No
6.	<input type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad	<input type="checkbox"/> Yes <input type="checkbox"/> No
7.	<input type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad	<input type="checkbox"/> Yes <input type="checkbox"/> No
8.	<input type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad	<input type="checkbox"/> Yes <input type="checkbox"/> No
9.	<input type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad	<input type="checkbox"/> Yes <input type="checkbox"/> No
10.	<input type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad	<input type="checkbox"/> Yes <input type="checkbox"/> No
11.	<input type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad	<input type="checkbox"/> Yes <input type="checkbox"/> No
12.	<input type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad	<input type="checkbox"/> Yes <input type="checkbox"/> No
Remarks:	Door Locked.	



**ACTION TAKEN REPORT (FOR COMPLAINTS)**

Flat / bungalow No.	Bj 105	ATR Date	21/11/09
Project	Bachar Bunder	Complaint Date	27/10/09.
Customer Name	SHANKAR V		
Prepared By	Venkateshwarra Reddy CH		
Project Manager's Sign	Lebr	Admin Officer's Sign	[Signature] 21/11/09

Note: Original ATR should be sent to CR & a copy to MD. CR to file original in customer's file.

Complaint S No.	Action Taken
1	Work completed
2	Work completed
3	Work completed
4	Work completed
5	Work completed
6	Work completed
7	Work completed
8	Work completed
9	Work completed
10	Work completed
11	Work completed
12	Work completed
13	Work completed.
[Signature]	[Signature]

Note: 1. Keep the report brief. 2. Do not repeat the complaint. 3. Use terms like "Work completed", "Changes not permitted - work not taken up", "Kept pending at customer's request", "Beyond our scope of work", etc.



COMPLAINT & SUGGESTIONS FORM.

Flat / bungalow No.	B/105	Date	27/10/09
Project	PARAMOUNT RESIDENCY		
Customer Name	V. SHANKAR		
Customer Sign	V. Shankar		
Phone No.	9820142618	email	vshankar1809@gmail.com

For office use only. (Do not write here)

Received by:	<i>Sr. Subbaraj</i> Sign	Date:	27/10/09
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Note: 1. Original should be sent to Accountant for filing & a copy each to MD & CR. 2. Give a serial number to each complaint. 3. CR can attach copy of this form for emails & other complaints received.

S No	Complaints & Suggestions
✓ 1.	MARBLE FLOOR TILE IN FIRST BEDROOM. CHIPPED - NEEDS REPLACEMENT
✓ 2.	FRONT DOOR STOPPER NOT THERE - NEEDS TO BE FIXED
✓ 3.	KITCHEN PLUG POINTS GO IN - NEED TO BE FIXED PROPERLY
✓ 4.	GRANITE PIECE NEAR KITCHEN SINK BROKEN - NEEDS REPLACEMENT
✓ 5.	KITCHEN ENTRANCE MARBLE SLAB - BROKEN; NEEDS REPLACEMENT
✓ 6.	INDIAN WC CISTERN COVER LOOSE - NEEDS REPLACEMENT/FIXING
✓ 7.	CRACKED MARBLE TILES IN MASTER BEDROOM TO BE REPLACED
✓ 8.	BALCONY WALL HAS CRACK - NEEDS TO BE SEALED
✓ 9.	BALCONY GRILL NOT PAINTED PROPERLY
✓ 10.	PAINT TO BE REMOVED FROM ALL GLASS WINDOWS
✓ 11.	MARBLE FLOOR TILE IN FRONT ROOM CHIPPED - NEEDS REPLACEMENT
✓ 12.	ALL ELECTRICAL POINT COVERS (CIRCULAR) TO BE FIXED PROPERLY

✓ 13. CIRCULAR COVER TO BE FIXED ~~FROM~~ <sup>FRONT</sup> ON CEILING IN FRONT OF MAIN DOOR.

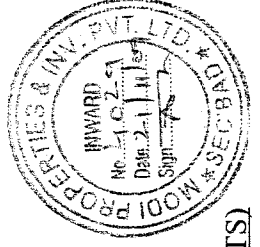


Quality Control Check Repot.      For ATR on Complaints.

Flat / bungalow No.	2C-102	ATR Date	
Project	PRR	Complaint Date	11-11-09
Customer Name	V. Satya naryana		
Prepared by	G. Vijayaraj	Date	26/11/09
Project Manager	Subba Reddy	Date	26/11/09
HO receipt date		Sign	
Checked by MD on	16/12/09	MD Sign	
MD's Remarks:			
CR to send letter to customer	<input type="checkbox"/> Yes <input type="checkbox"/> No	For filling	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Note: CR will send a copy of ATR and complaint to QC immediately after the receipt of the ATR. QC will send their report on the ATR to the MD within 3 working days. Aruna to file to file it in MDs pending complaints file.

Complaint S No.	Quality of action taken by Site Engg on complaint?	If action on the complaint was not taken then, was the reason for not taking action justified?
1.	<input type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.	<input type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.	<input type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.	<input type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad	<input type="checkbox"/> Yes <input type="checkbox"/> No
5.	<input type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad	<input type="checkbox"/> Yes <input type="checkbox"/> No
6.	<input type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad	<input type="checkbox"/> Yes <input type="checkbox"/> No
7.	<input type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad	<input type="checkbox"/> Yes <input type="checkbox"/> No
8.	<input type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad	<input type="checkbox"/> Yes <input type="checkbox"/> No
9.	<input type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad	<input type="checkbox"/> Yes <input type="checkbox"/> No
10.	<input type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad	<input type="checkbox"/> Yes <input type="checkbox"/> No
11.	<input type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad	<input type="checkbox"/> Yes <input type="checkbox"/> No
12.	<input type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad	<input type="checkbox"/> Yes <input type="checkbox"/> No
Remarks:	Door Locked	



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ACTION TAKEN REPORT (FOR COMPLAINTS)

Flat / bungalow No.	2C-102	ATR Date	25/11/09
Project	Brahmputh Residency	Complaint Date	11-11-09
Customer Name	Salyaneerayana. V		
Prepared By			
Project Manager's Sign	<i>Robin</i>	Admin Officer's Sign	<i>S. V. S.</i>

Note: Original ATR should be sent to CR & a copy to MD. CR to file original in customer's file.

Complaint S No.	Action Taken
1	We are examining
2	work completed
3	work completed
4	work completed
5	work completed
6	work completed
7	work completed
8	work completed
9	work completed
10	work completed
11	work completed
12	work completed.
	<i>clj</i>

Note: 1. Keep the report brief. 2. Do not repeat the complaint. 3. Use terms like "Work completed", "Changes not permitted - work not taken up", "Kept pending at customer's request", "Beyond our scope of work", etc.

COMPLAINT & SUGGESTIONS FORM.

Flat / bungalow No.	2C-102	Date	11/11/2009
Project	Parasimbu residence,		
Customer Name	V. Satyanarayana		
Customer Sign	v. Satyanarayana		
Phone No.	9949089577	email	vsatryna@gmail.com

For office use only. (Do not write here)

Received by:	Sign	Date:
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Note: 1. Original should be sent to Accountant for filing & a copy each to MD & CR. 2. Give a serial number to each complaint. 3. CR can attach copy of this form for emails & other complaints received.

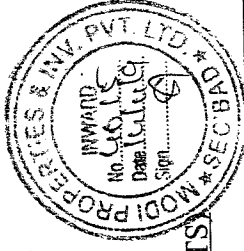
S No	Complaints & Suggestions
1	seepage at the balcony of the walls
2	Bathroom taps at the <del>main</del> lavrine points not working
3	Flush not working
4	Drainage water not coming into the trap, tank floor <sup>not working</sup>
5	Floor / Tiles at the kitchen broken
6	All the taps paint working to be checked
7	Bed room (main) balcony door, frame and <sup>is not</sup> window
8	1" gap <sup>is</sup> observed.
9	Bath door lock not working
10	Main door lock to be replaced, which is easy for accessing <del>into</del> thru the window.
11	Sink tap to be extended further, as it is not able to wash utensils easily
12	All the <del>rooms</del> rooms alignment to be checked, since the water has to flow freely, when <sup>rooms are washed</sup>
13	Some of the electrical points not working.

Quality Control Check Repot.                      For ATR on Complaints.

Flat / bungalow No.	2C-309		ATR Date		
Project	PME		Complaint Date	5/10/09	
Customer Name	A-Ven Katesh wa 810				
Prepared by	Gvijay Raj	Date	26/11/09	Sign	<i>Gvijay R</i>
Project Manager	Subin Rishi	Date	26/11/09	Sign	<i>Subin</i>
HO receipt date.		Sign			
Checked by MD on	16/12/09	MD Sign			<i>w</i>
MD's Remarks:					
CR to send letter to customer	<input type="checkbox"/> Yes <input type="checkbox"/> No	For filling	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

Note: CR will send a copy of ATR and complaint to QC immediately after the receipt of the ATR. QC will send their report on the ATR to the MD within 3 working days. Aruna to file to file it in MDs pending complaints file.

Complaint S No.	Quality of action taken by Site Engg on complaint?	If action on the complaint was not taken then, was the reason for not taking action justified?
1.	<input checked="" type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.	<input type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
3.	<input checked="" type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.	<input type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad	<input type="checkbox"/> Yes <input type="checkbox"/> No
5.	<input type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad	<input type="checkbox"/> Yes <input type="checkbox"/> No
6.	<input type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad	<input type="checkbox"/> Yes <input type="checkbox"/> No
7.	<input type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad	<input type="checkbox"/> Yes <input type="checkbox"/> No
8.	<input type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad	<input type="checkbox"/> Yes <input type="checkbox"/> No
9.	<input type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad	<input type="checkbox"/> Yes <input type="checkbox"/> No
10.	<input type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad	<input type="checkbox"/> Yes <input type="checkbox"/> No
11.	<input type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad	<input type="checkbox"/> Yes <input type="checkbox"/> No
12.	<input type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad	<input type="checkbox"/> Yes <input type="checkbox"/> No
Remarks:		



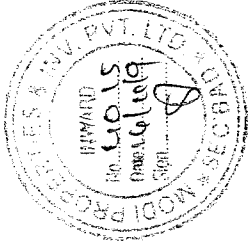
**ACTION TAKEN REPORT (FOR COMPLAINTS)**

Flat / bungalow No.	2c-309	ATR Date	7/11/09
Project	Pangam-Review	Complaint Date	5/10/09
Customer Name	A. Venkateswarlu.		
Prepared By	Venkateswara Rao.clt		
Project Manager's Sign	<i>[Signature]</i>	Admin Officer's Sign	<i>[Signature]</i> 11-11-09

Note: Original ATR should be sent to CR & a copy to MD. CR to file original in customer's file.

Complaint S No.	Action Taken
1.	Work completed
2.	This Complaint related to APSEA we have informed to them. Under process. We have asked customer to give a copy of sale deed and latest Pond Bill. Work completed.
<i>Ch</i>	

Note: 1. Keep the report brief. 2. Do not repeat the complaint. 3. Use terms like "Work completed", "Changes not permitted - work not taken up", "Kept pending at customer's request", "Beyond our scope of work", etc.



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COMPLAINT & SUGGESTIONS FORM.

Flat / bungalow No.	2C-309	Date	05/10/2009
Project	Ranamound		
Customer Name	A. Venkatesapathi		
Customer Sign	<i>A. Venkatesapathi</i>		
Phone No.	9989294491	email	

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Received by: <i>S.V.S. N. S. S.</i>	Sign	<i>[Signature]</i>	Date:
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Note: 1. Original should be sent to Accountant for filing & a copy each to MD & CR. 2. Give a serial number to each complaint. 3. CR can attach copy of this form for emails & other complaints received.

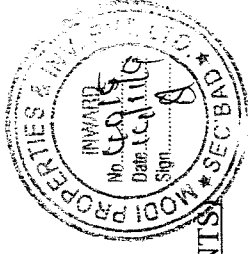
S No	Complaints & Suggestions
01)	Bathroom wall leakage. This is second time.
02)	Name change in Electricity bill has to be done as early as possible. <del>It is</del> This is long pending from April 09.
03)	Lift is not working from 2nd Oct 2009. Till now there is no repair.

**Quality Control Check Repot. For ATR on Complaints.**

Flat / bungalow No.	1C - 303	ATR Date	
Project	PMR	Complaint Date	12/9/09.
Customer Name	M.P. Vinod		
Prepared by	G. vijay Raj	Date	26/11/09
Project Manager	Subba Reddy	Date	26/11/09
HO receipt date		Sign	
Checked by MD on	16/12/09	MD Sign	h
MD's Remarks:			
CR to send letter to customer	<input type="checkbox"/> Yes <input type="checkbox"/> No	For filling	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Note: CR will send a copy of ATR and complaint to QC immediately after the receipt of the ATR. QC will send their report on the ATR to the MD within 3 working days. Aruna to file to file it in MDs pending complaints file.

Complaint S No.	Quality of action taken by Site Engg on complaint?	If action on the complaint was not taken then, was the reason for not taking action justified?
1.	<input type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.	<input type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.	<input type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.	<input type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad	<input type="checkbox"/> Yes <input type="checkbox"/> No
5.	<input type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad	<input type="checkbox"/> Yes <input type="checkbox"/> No
6.	<input type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad	<input type="checkbox"/> Yes <input type="checkbox"/> No
7.	<input type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad	<input type="checkbox"/> Yes <input type="checkbox"/> No
8.	<input type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad	<input type="checkbox"/> Yes <input type="checkbox"/> No
9.	<input type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad	<input type="checkbox"/> Yes <input type="checkbox"/> No
10.	<input type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad	<input type="checkbox"/> Yes <input type="checkbox"/> No
11.	<input type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad	<input type="checkbox"/> Yes <input type="checkbox"/> No
12.	<input type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad	<input type="checkbox"/> Yes <input type="checkbox"/> No
Remarks:	Door Locked.	



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**ACTION TAKEN REPORT (FOR COMPLAINTS)**

Flat / bungalow No.	1C / 303.	ATR Date	7/11/09
Project	Premna Residency	Complaint Date	12/9/09
Customer Name	M.P. Vinod.		
Prepared By	Venka Deswara Rao. CH		
Project Manager's Sign	[Signature]	Admin Officer's Sign	[Signature]

Note: Original ATR should be sent to CR & a copy to MD. CR to file original in customer's file.

Complaint S No.	Action Taken
1	Work completed
2	Work completed
Chz	

Note: 1. Keep the report brief. 2. Do not repeat the complaint. 3. Use terms like "Work completed", "Changes not permitted - work not taken up", "Kept pending at customer's request", "Beyond our scope of work", etc.





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COMPLAINT & SUGGESTIONS FORM.

Flat / bungalow No.	1C-303	Date	12/09/09
Project	Paramount Residences		
Customer Name	M.P. Vinod		
Customer Sign			
Phone No.	9440137867	email	vinod_syrish@yahoo.com

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Received by: S.V.S.	Sign	Ch	Date:
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Note: 1. Original should be sent to Accountant for filing & a copy each to MD & CR. 2. Give a serial number to each complaint. 3. CR can attach copy of this form for emails & other complaints received.

S No	Complaints & Suggestions
1)	East side of the common bathroom wall is having water seepage. It has been observed that the drain line of the bath outlet (out side) is having a leakage. <del>It</del> It was noted that the above case had been reported twice and the same had been attended. However the leakage has increased instead of getting arrested. It is felt that the root cause of the leakage has not been identified and hence it is once again requested to look into the matter at the earliest. It is also informed that <del>due</del> due to the above leakage, the entire ventilator frame is almost on the verge of decay. Similarly, slight leakage has been observed from the north west corner of the attached bathroom. Please see attached file.

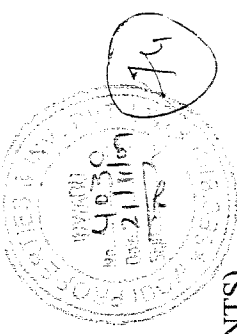
12/9/09  
M.P. Vinod.  
Flat No. 1C 303

Quality Control Check Repot.                      For ATR on Complaints.

Flat / bungalow No.		B-109		ATR Date			
Project		PMR		Complaint Date		13/11/09	
Customer Name Tromala Sasi Kiran							
Prepared by	Gvijay Rao	Date	26/11/09	Sign			6/9/09
Project Manager	Subba Reddy	Date	26/11/09	Sign			Reddy
HO receipt date				Sign			
Checked by MD on		6/12/09		MD Sign		h	
MD's Remarks:							
CR to send letter to customer		<input type="checkbox"/> Yes <input type="checkbox"/> No		For filling		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

Note: CR will send a copy of ATR and complaint to QC immediately after the receipt of the ATR. QC will send their report on the ATR to the MD within 3 working days. Aruna to file to file it in MDs pending complaints file.

Complaint S No.	Quality of action taken by Site Engg on complaint?	If action on the complaint was not taken then, was the reason for not taking action justified?
1.	<input checked="" type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.	<input checked="" type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.	<input checked="" type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.	<input checked="" type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad	<input type="checkbox"/> Yes <input type="checkbox"/> No
5.	<input checked="" type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad	<input type="checkbox"/> Yes <input type="checkbox"/> No
6.	<input checked="" type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad	<input type="checkbox"/> Yes <input type="checkbox"/> No
7.	<input type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad	<input type="checkbox"/> Yes <input type="checkbox"/> No
8.	<input type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad	<input type="checkbox"/> Yes <input type="checkbox"/> No
9.	<input type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad	<input type="checkbox"/> Yes <input type="checkbox"/> No
10.	<input type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad	<input type="checkbox"/> Yes <input type="checkbox"/> No
11.	<input type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad	<input type="checkbox"/> Yes <input type="checkbox"/> No
12.	<input type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad	<input type="checkbox"/> Yes <input type="checkbox"/> No
Remarks:		



**ACTION TAKEN REPORT (FOR COMPLAINTS)**


Flat / bungalow No.	B - 109	ATR Date	20/11/09.
Project	Burgundy Peth Decy	Complaint Date	13/11/09.
Customer Name	Tirumala Sashi Kiran		
Prepared By	Ch. Venkateswara Reddy		
Project Manager's Sign	<i>[Signature]</i> Admin Officer's Sign		

Note: Original ATR should be sent to CR & a copy to MD. CR to file original in customer's file.

Complaint S No.	Action Taken
1	work completed
2	work completed
3	work completed
4	work completed
5	work completed
6	work completed.
<i>[Signature]</i>	

Note: 1. Keep the report brief. 2. Do not repeat the complaint. 3. Use terms like "Work completed", "Changes not permitted - work not taken up", "Kept pending at customer's request", "Beyond our scope of work", etc.

COMPLAINT & SUGGESTIONS FORM.

Flat / bungalow No.	B - 109	Date	13/11/09
Project	Paramount Residency		
Customer Name	T. Shashi Kiran Niemala		
Customer Sign			
Phone No.	27124612 email		

For office use only. (Do not write here)

Received by:	Sign	Date:
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Note: 1. Original should be sent to Accountant for filing & a copy each to MD & CR. 2. Give a serial number to each complaint. 3. CR can attach copy of this form for emails & other complaints received.

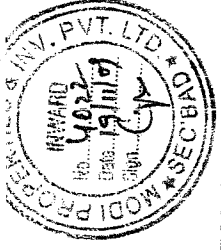
S No	Complaints & Suggestions
1)	Bed Room Door stoppers not fixing.
2)	A. Bath Room Door stopper not fixing.
3)	Water is not coming properly should be check on all taps.
4)	Aluminium channels (all) cleaning work is pending.
5)	Balcony beside debris cleaning.
6)	All aluminium windows bottom is not finished properly.

Quality Control Check Repot.      For ATR on Complaints.

Flat / bungalow No.		2C-101		ATR Date			
Project		PMR		Complaint Date		11-11-09	
Customer Name							
Prepared by		G. vijay Laksh		Date		26/11/09	
Project Manager		Subba Ruddy		Date		26/11/09	
HO receipt date		16/11/09		Sign		W	
Checked by MD on				MD Sign		W	
MD's Remarks:							
CR to send letter to customer		<input type="checkbox"/> Yes <input type="checkbox"/> No		For filing		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

Note: CR will send a copy of ATR and complaint to QC immediately after the receipt of the ATR. QC will send their report on the ATR to the MD within 3 working days. Aruna to file to file it in MDs pending complaints file.

Complaint S No.	Quality of action taken by Site Engg on complaint?	If action on the complaint was not taken then, was the reason for not taking action justified?
1.	<input checked="" type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.	<input checked="" type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.	<input checked="" type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.	<input checked="" type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad	<input type="checkbox"/> Yes <input type="checkbox"/> No
5.	<input checked="" type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad	<input type="checkbox"/> Yes <input type="checkbox"/> No
6.	<input type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad	<input type="checkbox"/> Yes <input type="checkbox"/> No
7.	<input type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad	<input type="checkbox"/> Yes <input type="checkbox"/> No
8.	<input type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad	<input type="checkbox"/> Yes <input type="checkbox"/> No
9.	<input type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad	<input type="checkbox"/> Yes <input type="checkbox"/> No
10.	<input type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad	<input type="checkbox"/> Yes <input type="checkbox"/> No
11.	<input type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad	<input type="checkbox"/> Yes <input type="checkbox"/> No
12.	<input type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad	<input type="checkbox"/> Yes <input type="checkbox"/> No
Remarks:		



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**ACTION TAKEN REPORT (FOR COMPLAINTS)**

Flat / bungalow No.	22-101	ATR Date	12/11/09
Project	Paramount Reside	Complaint Date	11-11-09
Customer Name	SRIKANT D.		
Prepared By	VENKATESWARARAO. M		
Project Manager's Sign		Admin Officer's Sign	

Note: Original ATR should be sent to CR & a copy to MD. CR to file original in customer's file.

Complaint S No.	Action Taken
1	Work completed
2	Work completed
3	Work completed
4	Work completed
5	Work completed.
6	
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19	
20	

Note: 1. Keep the report brief. 2. Do not repeat the complaint. 3. Use terms like "Work completed", "Changes not permitted - work not taken up", "Kept pending at customer's request", "Beyond our scope of work", etc.

(FR)

COMPLAINT & SUGGESTIONS FORM.

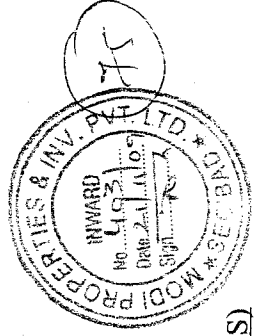
Flat / bungalow No.	2C-101	Date	11-11-09
Project	Pmr		
Customer Name	Sreekanth Devineri		
Customer Sign	Sreekanth		
Phone No.	9866018399	email	

For office use only. (Do not write here)

Received by:	SVM	Sign		Date:	11/11/09
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Note: 1. Original should be sent to Accountant for filing & a copy each to MD & CR. 2. Give a serial number to each complaint. 3. CR can attach copy of this form for emails & other complaints received.

S No	Complaints & Suggestions
(1)	Paradey water Posture is Very Long ✓
(2)	Balcony Tiles finishing waste ✓
(3)	Main Bed room Nil cones getting left ✓
(4)	White Cement on Concess. area ✓
(5)	Fixing of Jalis in Balconies and Bedroom ✓



**ACTION TAKEN REPORT (FOR COMPLAINTS)**

Flat / bungalow No.	2c-101	ATR Date	20/11/08,
Project	Sargam Residey	Complaint Date	11-11-08
Customer Name	Sri Kant P. D.		
Prepared By	Venkateshwar Rao. CH		
Project Manager's Sign	Ledy	Admin Officer's Sign	[Signature] 20/11/08

Note: Original ATR should be sent to CR & a copy to MD. CR to file original in customer's file.

Complaint S No.	Action Taken
1	work completed
2	work completed
3	work completed
4	work completed
5	work completed

Note: 1. Keep the report brief. 2. Do not repeat the complaint. 3. Use terms like "Work completed", "Changes not permitted – work not taken up", "Kept pending at customer's request", "Beyond our scope of work", etc.





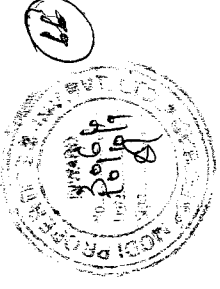
**Quality Control Check Report.**

**For ATR on Complaints.**

Flat / bungalow No.	2C-205	ATR Date	20/10/09
Project	PME	Complaint Date	29/9/09
Customer Name	B. Srinivas		
Prepared by	G. vijay Reddy	Date	21/10/09
Project Manager	SUBBA REDDY	Date	21/10/09
HO receipt date		Sign	6.9.12
Checked by MD on	26/11/09	MD Sign	W
MD's Remarks:			
CR to send letter to customer	<input type="checkbox"/> Yes <input type="checkbox"/> No	For filling	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Note: CR will send a copy of ATR and complaint to QC immediately after the receipt of the ATR. QC will send their report on the ATR to the MD within 3 working days. Aruna to file to file it in MDs pending complaints file.

Complaint S No.	Quality of action taken by Site Engg on complaint?	If action on the complaint was not taken then, was the reason for not taking action justified?
1.	<input checked="" type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.	<input type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.	<input type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.	<input type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad	<input type="checkbox"/> Yes <input type="checkbox"/> No
5.	<input type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad	<input type="checkbox"/> Yes <input type="checkbox"/> No
6.	<input type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad	<input type="checkbox"/> Yes <input type="checkbox"/> No
7.	<input type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad	<input type="checkbox"/> Yes <input type="checkbox"/> No
8.	<input type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad	<input type="checkbox"/> Yes <input type="checkbox"/> No
9.	<input type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad	<input type="checkbox"/> Yes <input type="checkbox"/> No
10.	<input type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad	<input type="checkbox"/> Yes <input type="checkbox"/> No
11.	<input type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad	<input type="checkbox"/> Yes <input type="checkbox"/> No
12.	<input type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad	<input type="checkbox"/> Yes <input type="checkbox"/> No
Remarks:		



**ACTION TAKEN REPORT (FOR COMPLAINTS)**

Flat / bungalow No.	2c/205.	ATR Date	031/0708.
Project	Kamavat Retikey	Complaint Date	29/08/08.
Customer Name	Baba Srinivas.		
Prepared By	Venkateshwar Redi.		
Project Manager's Sign	Redi	Admin Officer's Sign	M 05/10/09.

Note: Original ATR should be sent to CR & a copy to MD. CR to file original in customer's file.

Complaint S No.	Action Taken
1.	Work completed.
<i>Chy</i>	

Note: 1. Keep the report brief. 2. Do not repeat the complaint. 3. Use terms like "Work completed", "Changes not permitted - work not taken up", "Kept pending at customer's request", "Beyond our scope of work", etc.

66

8966  
01/09/19

COMPLAINT & SUGGESTIONS FORM.

Flat / bungalow No.	2C-205	Date	29/09/09
Project	PARAMOUNT RESIDENCY		
Customer Name	SATINIVAS BOBBEN		
Customer Sign			
Phone No.	9491962205	email	bobben20147@yahooc.com

For office use only. (Do not write here)

Received by:		Sign	AM	Date:	29/9/09
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Note: 1. Original should be sent to Accountant for filing & a copy each to MD & CR. 2. Give a serial number to each complaint. 3. CR can attach copy of this form for emails & other complaints received.

S No	Complaints & Suggestions
1.	<p>అయ్యో, నేను బ్రినివాస్ పాస్ పా వెస్టాంట్ రెసిడెన్సీ, 205-205 నంబరు నివసించు తున్నాను. టిక ముఖ్యమైన సమస్య వలన ఇండులు పొందు కుతు కదానో. నా ఫ్లోట్ ముఖ్యమైన ముందు ఆసనా నుండి వద్దము కడసయెటలు నీకు చేరి భయం పోతు ఉన్నాము సరిగా పోక యానీ వలన మొత్తం నీకు ఇంటి లోపల అవలంబి వున్న సామగ్రి పాడగు చున్నది. నేను ఈ విషయ నుండి ఇచ్చానుములు అధికారి లను, అభి కలత అధికారి లను సంభాషించడం చేసినది.</p> <p>అధికారి లు ప్రతి కడమీద బుగు పనుల వలన అవలంబి చేసినారు అని ఇచ్చాను. అది నా పా అవలంబి అవలంబి వలన నుండి మాకు పొలం ఇచ్చారు కరవంగా భయం అయినది. కాళ్ళనుండి సరి</p>

మీరు సకరు రుర్యవేక్రల ఆధికారణి మంపింబె  
యొక్క ప్రాధి కురికమేరు ఈ గమననను

జీవ్య గలరవి ధావిస్త్రువొనను.

అక్షు

క్రినివాన్

డి. 29.09.09

వీక్షణ సందేహములు ఉననెయెటల నొను  
-బా రక్రీవణవాణి యుంకు నిశ్కంక్షుండు  
గొనుంట్ల కుంచన్రలరు. 9491962205


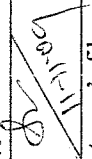
Quality Control Check Report. For ATR on Complaints.

Flat / bungalow No.	B-103		ATR Date		
Project	PMR		Complaint Date	20/10/09	
Customer Name	K.V. Eswar				
Prepared by	G. Vijay Reddy	Date	26/11/09	Sign	G. Reddy
Project Manager	Subbar Reddy	Date	26/11/09	Sign	
HO receipt date			Sign		
Checked by MD on	16/12/09	MD Sign		W	
MD's Remarks:					
CR to send letter to customer	<input type="checkbox"/> Yes <input type="checkbox"/> No	For filling		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

Note: CR will send a copy of ATR and complaint to QC immediately after the receipt of the ATR. QC will send their report on the ATR to the MD within 3 working days. Aruna to file to file it in MDs pending complaints file.

Complaint S No.	Quality of action taken by Site Engg on complaint?	If action on the complaint was not taken then, was the reason for not taking action justified?
1.	<input checked="" type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.	<input checked="" type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.	<input checked="" type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.	<input checked="" type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad	<input type="checkbox"/> Yes <input type="checkbox"/> No
5.	<input type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
6.	<input checked="" type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad	<input type="checkbox"/> Yes <input type="checkbox"/> No
7.	<input type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad	<input type="checkbox"/> Yes <input type="checkbox"/> No
8.	<input type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad	<input type="checkbox"/> Yes <input type="checkbox"/> No
9.	<input type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad	<input type="checkbox"/> Yes <input type="checkbox"/> No
10.	<input type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad	<input type="checkbox"/> Yes <input type="checkbox"/> No
11.	<input type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad	<input type="checkbox"/> Yes <input type="checkbox"/> No
12.	<input type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad	<input type="checkbox"/> Yes <input type="checkbox"/> No
Remarks:		

### ACTION TAKEN REPORT (FOR COMPLAINTS)

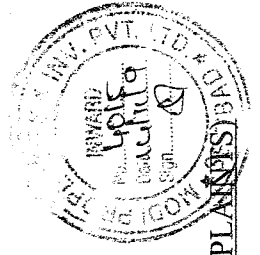
Flat / bungalow No.	13 / 103.	ATR Date	27/11/09.
Project	Prasanna Red'ns	Complaint Date	20/10/09
Customer Name	ELWAR. K.V.		
Prepared By	MUKALEMANS RAW. C.H.		
Project Manager's Sign		Admin Officer's Sign	

Note: Original ATR should be sent to CR & a copy to MD. CR to file original in customer's file.

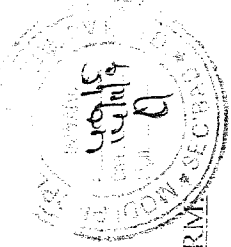
Complaint S No.	Action Taken
1	work completed
2	work completed
3	work completed
4	work completed
5	This complaint relate to Admin office he was to arrange meeting with MD
6	work completed.



Note: 1. Keep the report brief. 2. Do not repeat the complaint. 3. Use terms like "Work completed", "Changes not permitted – work not taken up", "Kept pending at customer's request", "Beyond our scope of work", etc.







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COMPLAINT & SUGGESTIONS FORM

Flat / bungalow No.	B-103	Date	20/10/09.
Project	PARAMOUNT RESIDENCY		
Customer Name	K. SWAPN. K.V.		
Customer Sign			
Phone No.	9248023337	email	Eshu @ 1225 @ yahoo.com

For office use only. (Do not write here)

Received by:	S.V.S.K.S.	Sign		Date:	
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Note: 1. Original should be sent to Accountant for filing & a copy each to MD & CR. 2. Give a serial number to each complaint. 3. CR can attach copy of this form for emails & other complaints received.

S No	Complaints & Suggestions
1	Clothes hanger in One of the balconies has to be fixed.
2	Drinking water supply is stopped. Prior intimation is not given.
3	A piece of plastering in One of the bed rooms had come out. That has to be done which had remained undone for almost a couple of months.
4	Paint on the main door is chipping out. It has to be done.
5	Kindly make an arrangement to all the residents to have meeting with the M.P once in a month.
6	Tiles in rooms are getting chipped off.





COMPLAINT & SUGGESTIONS FORM.

Flat / bungalow No.	B-103	Date	05/1/09
Project	PMP		
Customer Name	ESGAR		
Customer Sign			
Phone No.	924802337	email	esgar@cancom.co.uk. sam

For office use only. (Do not write here)

Received by:	Sign	Date:
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Note: 1. Original should be sent to Accountant for filing & a copy each to MD & CR. 2. Give a serial number to each complaint. 3. CR can attach copy of this form for emails & other complaints received.

S No	Complaints & Suggestions
	Customer's complaint mail enclosed

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**From:** "eswar" <eswar@concordemotors.com>  
**To:** <cr@modiproperties.com>  
**Cc:** <pmr@modiproperties.com>; <eshu1225@yahoo.co.in>  
**Sent:** 05 November, 2009 12:31 PM  
**Subject:** FLAT NO B 103

Hi

With lots of concern & aggression I write this mail to you.

I own the said flat in your Paramount Residency – Nagaram.

I trust Modi Properties as before, but it's in vain. There are recurring PROBLEMS occurring in my flat and which is unbelievable to happen my control to digest.

This is a pattern which is with all the occupants in those flats.

**OCCUPANTS ARE WEXED AND TIRED REPORTING AND GETTING THEM REPAIRED – am sure you will hear us now.**

Complaints recurring in my flat (attended but repeating)

Water leakage into my utility area  
Poor plastering – cement peeling off (a month back this was done 4-5 times and is again started in the same place)  
Paint peeling off on the doors  
Cracks on the doors appearing  
Leakage in my bathroom from tap fittings

With a kid aged 2 at home, I can't have these problems repeating and live in a dusty flat.

I am willing to SELL this flat at a throw away price – pl find somebody who can buy this (this is my last option and many occupants have the same thought)

Possibly organise a meet with all your concerned engineers and also with Mr SOHAM MODI when he is at the site office, with all the occupants would build our confidence.

Hear from u soon.

Rgds  
Eswar  
92480 23337

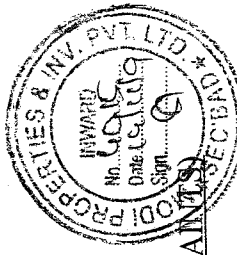
**Quality Control Check Repot. For ATR on Complaints .**

Flat / bungalow No.	10C 401	ATR Date	
Project	PMR	Complaint Date	15/10/07
Customer Name	<del>Debabrata</del> N. P. Sharma		
Prepared by	G. Vijay Raj	Date	26/11/07
Project Manager	Subbar Reddy	Date	26/11/07
HO receipt date		Sign	
Checked by MD on	16/12/07	MD Sign	
MD's Remarks:			
CR to send letter to customer	<input type="checkbox"/> Yes <input type="checkbox"/> No	For filling	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Note: CR will send a copy of ATR and complaint to QC immediately after the receipt of the ATR. QC will send their report on the ATR to the MD within 3 working days. Aruna to file to file it in MDs pending complaints file.

Complaint S No.	Quality of action taken by Site Engg on complaint?	If action on the complaint was not taken then, was the reason for not taking action justified?
1.	<input checked="" type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.	<input checked="" type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.	<input checked="" type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.	<input checked="" type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad	<input type="checkbox"/> Yes <input type="checkbox"/> No
5.	<input type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
6.	<input type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad	<input type="checkbox"/> Yes <input type="checkbox"/> No
7.	<input type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad	<input type="checkbox"/> Yes <input type="checkbox"/> No
8.	<input type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad	<input type="checkbox"/> Yes <input type="checkbox"/> No
9.	<input type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad	<input type="checkbox"/> Yes <input type="checkbox"/> No
10.	<input type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad	<input type="checkbox"/> Yes <input type="checkbox"/> No
11.	<input type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad	<input type="checkbox"/> Yes <input type="checkbox"/> No
12.	<input type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad	<input type="checkbox"/> Yes <input type="checkbox"/> No
Remarks:		

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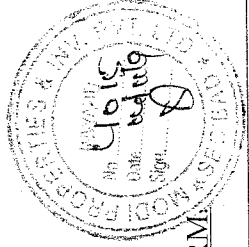
**ACTION TAKEN REPORT (FOR COMPLAINTS)**

Flat / bungalow No.	1C-401	ATR Date	2/11/09
Project	Pavanas Residency	Complaint Date	15/10/09
Customer Name	N.P. Sharma		
Prepared By	Venkateswara Rao .Ct		
Project Manager's Sign	<i>[Signature]</i>	Admin Officer's Sign	<i>[Signature]</i>

Note: Original ATR should be sent to CR & a copy to MD. CR to file original in customer's file.

Complaint S No.	Action Taken
1	work completed.
2	Work completed
3	Work completed
4	work completed
5	work completed
6	work completed
<i>Ch2</i>	

Note: 1. Keep the report brief. 2. Do not repeat the complaint. 3. Use terms like "Work completed", "Changes not permitted - work not taken up", "Kept pending at customer's request", "Beyond our scope of work", etc.



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COMPLAINT & SUGGESTIONS FORM

Flat / bungalow No.	1C - 401	Date	15-10-09
Project	PARAMOUNT RESIDENCY		
Customer Name	N. P. Sharma		
Customer Sign	<i>[Signature]</i>		
Phone No.	9948652641	email	pns-in@flsmidh.com.

For office use only. (Do not write here)

Received by:	<i>S.V.S.R. Reddy</i>	Sign	<i>[Signature]</i>	Date:	<i>15/10/09</i>
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Note: 1. Original should be sent to Accountant for filing & a copy each to MD & CR. 2. Give a serial number to each complaint. 3. CR can attach copy of this form for emails & other complaints received.

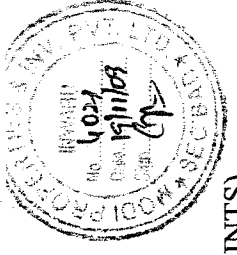
S No	Complaints & Suggestions
1.	The granite tile near sink in kitchen to be changed or placed properly. -- Prevent the level of the tile is not good. ✓
2.	The hole for gas pipe to be closed. ✓
3.	Kitchen sink tap to be changed as it is damaged (steel coating is gone) during fitting of extension pipe. ✓
4.	Water leakage from bed room attached toilet. The outside wall is becoming wet & the paint is flaking wet. ✓
5.	One hallway <del>toilet</del> tap <del>in</del> like <del>toilet</del> <del>that</del> is in kitchen balcony to be changed in bed room attached bathroom. (Bed room tap can be replaced). ✓
6.	The drinking water tank (in kitchen) is to be cleaned monthly once, and <del>the cost will be</del> I will pay for that. ✓
	* Your valuable service in this regard is highly appreciated.
	<i>[Signature]</i> 15/10/09

Quality Control Check Report. For ATR on Complaints.

Flat / bungalow No.	1C-105	ATR Date	
Project	PMR	Complaint Date	11-11-09
Customer Name	V. Madhusudan		
Prepared by	G. Vijay Reddy	Date	26/11/09
Project Manager	Subba Reddy	Date	26/11/09
HO receipt date		Sign	
Checked by MD on	16/12/09	MD Sign	<i>[Signature]</i>
MD's Remarks:			
CR to send letter to customer	<input type="checkbox"/> Yes <input type="checkbox"/> No	For filling	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Note: CR will send a copy of ATR and complaint to QC immediately after the receipt of the ATR. QC will send their report on the ATR to the MD within 3 working days. Aruna to file to file it in MDs pending complaints file.

Complaint S No.	Quality of action taken by Site Engg on complaint?	If action on the complaint was not taken then, was the reason for not taking action justified?
1.	<input type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.	<input type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.	<input type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.	<input type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad	<input type="checkbox"/> Yes <input type="checkbox"/> No
5.	<input type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad	<input type="checkbox"/> Yes <input type="checkbox"/> No
6.	<input type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad	<input type="checkbox"/> Yes <input type="checkbox"/> No
7.	<input type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad	<input type="checkbox"/> Yes <input type="checkbox"/> No
8.	<input type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad	<input type="checkbox"/> Yes <input type="checkbox"/> No
9.	<input type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad	<input type="checkbox"/> Yes <input type="checkbox"/> No
10.	<input type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad	<input type="checkbox"/> Yes <input type="checkbox"/> No
11.	<input type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad	<input type="checkbox"/> Yes <input type="checkbox"/> No
12.	<input type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad	<input type="checkbox"/> Yes <input type="checkbox"/> No
Remarks:	Door Locked.	



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**ACTION TAKEN REPORT (FOR COMPLAINTS)**

Flat / bungalow No.	1C-105	ATR Date	17-11-09.
Project	Parambunt Residency	Complaint Date	11-11-09.
Customer Name	Madhusudan. V.		
Prepared By	VENKATESWARA RAO .CH		
Project Manager's Sign		Admin Officer's Sign	

Note: Original ATR should be sent to CR & a copy to MD. CR to file original in customer's file.

Complaint S No.	Action Taken
1	Work completed
2	Work completed
3	Work completed
4	Work completed
5	Work completed

Note: 1. Keep the report brief. 2. Do not repeat the complaint. 3. Use terms like "Work completed", "Changes not permitted - work not taken up", "Kept pending at customer's request", "Beyond our scope of work", etc.

(15)

COMPLAINT & SUGGESTIONS FORM.

Flat / bungalow No.	<del>A-105</del> IC-105	Date	11-11-09
Project	Panna Masabha		
Customer Name	V. Madhukar		
Customer Sign	V. Madhukar		
Phone No.	9000262767	email	madhukary80@gmail.com

For office use only. (Do not write here)

Received by:	SPTM	Sign	[Signature]	Date:	11/11/09
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Note: 1. Original should be sent to Accountant for filing & a copy each to MD & CR. 2. Give a serial number to each complaint. 3. CR can attach copy of this form for emails & other complaints received.

1.	Some water is leaking in Bathroom Sink.
2.	Drinking water tap is not working → kitchen
3.	Water Indicator (Baloon) is not working properly.
4.	Drinking water Tap is leaking
5.	Gas basement in kitchen is breaking.

Note: 1. Keep the report brief. 2. Do not repeat the complaint. 3. Use terms like "Work completed", "Changes not permitted - work not taken up", "Kept pending at customer's request", "Beyond our scope of work", etc.

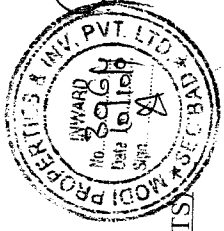


**Quality Control Check Report. For ATR on Complaints.**

Flat / bungalow No.	2C/305	ATR Date	20/10/09
Project	PMR	Complaint Date	3/10/09
Customer Name	ANUP KUMAR		
Prepared by	G. vijayaraj	Date	21/10/09
Project Manager	SURESH K	Date	21/10/09
HO receipt date		Sign	
Checked by MD on		MD Sign	
MD's Remarks:			
CR to send letter to customer	<input type="checkbox"/> Yes <input type="checkbox"/> No	For filling	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Note: CR will send a copy of ATR and complaint to QC immediately after the receipt of the ATR. QC will send their report on the ATR to the MD within 3 working days. Aruna to file to file it in MDs pending complaints file.

Complaint S No.	Quality of action taken by Site Engg on complaint?	If action on the complaint was not taken then, was the reason for not taking action justified?
1.	<input checked="" type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.	<input type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.	<input type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.	<input type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad	<input type="checkbox"/> Yes <input type="checkbox"/> No
5.	<input type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad	<input type="checkbox"/> Yes <input type="checkbox"/> No
6.	<input type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad	<input type="checkbox"/> Yes <input type="checkbox"/> No
7.	<input type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad	<input type="checkbox"/> Yes <input type="checkbox"/> No
8.	<input type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad	<input type="checkbox"/> Yes <input type="checkbox"/> No
9.	<input type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad	<input type="checkbox"/> Yes <input type="checkbox"/> No
10.	<input type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad	<input type="checkbox"/> Yes <input type="checkbox"/> No
11.	<input type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad	<input type="checkbox"/> Yes <input type="checkbox"/> No
12.	<input type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad	<input type="checkbox"/> Yes <input type="checkbox"/> No
Remarks:		



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**ACTION TAKEN REPORT (FOR COMPLAINTS)**

Flat / bungalow No.	2C/3025.	ATR Date	02/10/09,
Project	Paramit Residency	Complaint Date	23/10/09,
Customer Name	Anup Kumar,		
Prepared By	Vikas Kumar,		
Project Manager's Sign	hdy	Admin Officer's Sign	05/10/09

Note: Original ATR should be sent to CR & a copy to MD. CR to file original in customer's file.

Complaint S No.	Action Taken
1.	Work completed.
chy	

Note: 1. Keep the report brief. 2. Do not repeat the complaint. 3. Use terms like "Work completed", "Changes not permitted - work not taken up", "Kept pending at customer's request", "Beyond our scope of work", etc.

67

3864  
10/10/09

COMPLAINT & SUGGESTIONS FORM.

Flat / bungalow No.	305, 2 C	Date	3/10/09
Project	PMK		
Customer Name	ANUP KUMAR		
Customer Sign	<i>Anup</i>		
Phone No.	9052 970080	email	

For office use only. (Do not write here)  
 Received by: \_\_\_\_\_ Sign \_\_\_\_\_ Date: \_\_\_\_\_  
 Note: 1. Original should be sent to Accountant for filing & a copy each to MD & CR. 2. Give a serial number to each complaint. 3. CR can attach copy of this form for emails & other complaints received.

S No	Complaints & Suggestions
1.	Utility Area Ceiling (corner) is leaking. water from flat 405 is dripping in my area. Urgent attention required.

00000-ack

Quality Control Check Report. For ATR on Complaints.

Flat / bungalow No.	B-508	ATR Date	
Project	PMR	Complaint Date	22/12/09
Customer Name	PRAKASH		
Prepared by	G.VIJAY EAS	Date	20.6.09
Project Manager	SUBBA REDDY	Date	20.6.09
HO receipt date		Sign	C.907
Checked by MD on	20/6/09	Sign	Rela
MD's Remarks:		Sign	
		MD Sign	
CR to send letter to customer	<input type="checkbox"/> Yes <input type="checkbox"/> No	For filling	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Note: CR will send a copy of ATR and complaint to QC immediately after the receipt of the ATR. QC will send their report on the ATR to the MD within 3 working days. Aruna to file to file it in MDs pending complaints file.

Complaint S No.	Quality of action taken by Site Engg on complaint?	If action on the complaint was not taken then, was the reason for not taking action justified?
1.	<input type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
2.	<input type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
3.	<input type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
4.	<input type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad	<input type="checkbox"/> Yes <input type="checkbox"/> No
5.	<input type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad	<input type="checkbox"/> Yes <input type="checkbox"/> No
6.	<input type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad	<input type="checkbox"/> Yes <input type="checkbox"/> No
7.	<input type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad	<input type="checkbox"/> Yes <input type="checkbox"/> No
8.	<input type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad	<input type="checkbox"/> Yes <input type="checkbox"/> No
9.	<input type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad	<input type="checkbox"/> Yes <input type="checkbox"/> No
10.	<input type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad	<input type="checkbox"/> Yes <input type="checkbox"/> No
11.	<input type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad	<input type="checkbox"/> Yes <input type="checkbox"/> No
12.	<input type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad	<input type="checkbox"/> Yes <input type="checkbox"/> No

Remarks: As per drawing, Shower, Basin & WC is fixed.

ACTION TAKEN REPORT (FOR COMPLAINTS)

Flat / bungalow No.	D-508	ATR Date	13/04/08
Project	P.M-K	Complaint Date	22/12/08
Customer Name	M.V. Praveen		
Prepared By	S.V.S.K. Reddy		
Project Manager's Sign	[Signature]	Admin Officer's Sign	

Note: Original ATR should be sent to CR & a copy to MD. CR to file original in customer's file.

Complaint S No.	Action Taken
1	After checking we are done
2	do
3	do
	[Signature]
	NOTE:- He is not liable to possession till
	[Signature]

Note: 1. Keep the report brief. 2. Do not repeat the complaint. 3. Use terms like "Work completed", "Changes not permitted - work not taken up", "Kept pending at customer's request", "Beyond our scope of work", etc.



Page 1 of 1

Quality Control Check Report For ATR on Complaints.


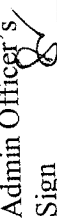
Flat / bungalow No.		1C-201		ATR Date			
Project		PME-2		Complaint Date		1-6-09	
Customer Name P. SRINIVAS							
Prepared by		G.V. JAY RAM		Date		20.6.09	
Project Manager		SUSARREDDY		Date		20.6.09	
HO receipt date				Sign			
Checked by MD on		26/6/09		MD Sign			
MD's Remarks:							
CR to send letter to customer		<input type="checkbox"/> Yes <input type="checkbox"/> No		For filling		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

Note: CR will send a copy of ATR and complaint to QC immediately after the receipt of the ATR. QC will send their report on the ATR to the MD within 3 working days. Aruna to file to file it in MDs pending complaints file.


Complaint S No.	Quality of action taken by Site Engg on complaint?	If action on the complaint was not taken then, was the reason for not taking action justified?
1.	<input type="checkbox"/> Good <input checked="" type="checkbox"/> Avg. <input type="checkbox"/> Bad	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.	<input checked="" type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.	<input checked="" type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.	<input checked="" type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad	<input type="checkbox"/> Yes <input type="checkbox"/> No
5.	<input checked="" type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad	<input type="checkbox"/> Yes <input type="checkbox"/> No
6.	<input type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad	<input type="checkbox"/> Yes <input type="checkbox"/> No
7.	<input type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad	<input type="checkbox"/> Yes <input type="checkbox"/> No
8.	<input type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad	<input type="checkbox"/> Yes <input type="checkbox"/> No
9.	<input type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad	<input type="checkbox"/> Yes <input type="checkbox"/> No
10.	<input type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad	<input type="checkbox"/> Yes <input type="checkbox"/> No
11.	<input type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad	<input type="checkbox"/> Yes <input type="checkbox"/> No
12.	<input type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad	<input type="checkbox"/> Yes <input type="checkbox"/> No

Remarks: 1. S.No-1, complainer attended but still water is over flowing.


ACTION TAKEN REPORT (FOR COMPLAINTS)

Flat / bungalow No.	1C-201	ATR Date	16-09
Project	PMK-I	Complaint Date	16-09
Customer Name	P. SRINIVAS		
Prepared By	VENKATESWAR RAO, CH		
Project Manager's Sign		Admin Officer's Sign	

Note: Original ATR should be sent to CR & a copy to MD. CR to file original in customer's file

Complaint S No.	Action Taken
1.	kitchen water tank ball valve is changed then over flow is arrested.
2.	water leakage in mbed toilet, this has done in previous complaint, I have called kishanraj (water proofing contractor) both of us gone to flat, and we checked there is no leakage in any place. 3. Air cracks in diff. places floor is done with Lap paper and again painted.
4.	Loose tile are removed, new tiles are done Fixed.
5.	Window seals Painty work is done.
ch	

Note: 1. Keep the report brief. 2. Do not repeat the complaint. 3. Use terms like "Work completed", "Changes not permitted - work not taken up", "Kept pending at customer's request". "Beyond our scope of work", etc.





COMPLAINT & SUGGESTIONS FORM.

Flat / bungalow No.	1C--201	Date	16/07
Project	Residency Nagaram		
Customer Name	P SRINIVAS		
Customer Sign	<i>[Signature]</i>		
Phone No.	9849916603	email	comp@rediffmail.com

For office use only. (Do not write here)

Received by: <i>[Signature]</i>	Sign <i>[Signature]</i>	Date: 16/07
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Note: 1. Original should be sent to Accountant for filing & a copy each to MD & CR. 2. Give a serial number to each complaint. 3. CR can at each copy of this form for emails & other complaints received.

S No	Complaints & Suggestions
①	I given previously two complaint on same problem dt: 30/2/09 and 25/3/09.
	This is also same problem i.e
	① Kitchen water Tank over flow ✓
	② water leakage in master bed room ✓
	and master Toilet, and duct. ✓
	* The new one more problem is ✓
	ceiling hair cracks are appearing in ✓
	hall, bed rooms, kitchen & commitality ✓
	only in master toilet no cracks. ✓
	* tiles movement/shaking in hall and ✓
	balcony & some burn dots are there ✓
	at the time of welding of window rods. ✓
	Sir
	my problem is continuing from ✓
	Tank of master, kindly kind but ✓
	problem & rectify it. do the needful ✓
	Thanking you ✓

*[Handwritten signature]*  
16.9.11

23

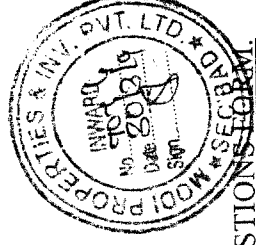
### ACTION TAKEN REPORT (FOR COMPLAINTS)

Flat / bungalow No.	1C-201	ATR Date	13/01/03
Project	P.M.A	Complaint Date	25/07/03 / 20/02/03
Customer Name	P. Srivivas		
Prepared By	S.V.S. Reddy		
Project Manager's Sign	<i>Reddy</i>	Admin Officer's Sign	

Note: Original ATR should be sent to CR & a copy to MD. CR to file original in customer's file.

Complaint S No.	Action Taken
1	Water leakage was rectified
	Mr. Krishna prasad was spoken to
	His wife and she told us problem
	was rectified (checked by phone)

Note: 1. Keep the report brief. 2. Do not repeat the complaint. 3. Use terms like "Work completed", "Changes not permitted - work not taken up", "Kept pending at customer's request", "Beyond our scope of work", etc.



**COMPLAINT & SUGGESTIONS FORM**

Flat / bungalow No.	1C-201	Date	25/3/09
Project	P. M R		
Customer Name	P. SRINIVAS		
Customer Sign	<i>[Signature]</i>		
Phone No.	9849916603	email	enuporandla@gmail.com

For office use only. (Do not write here)

Received by: *[Signature]* Sign *[Signature]* Date: *25/3/09*

Note: 1. Original should be sent to Accountant for filing & a copy each to MD & CR. 2. Give a serial number to each complaint. 3. CR can attach copy of this form for emails & other complaints received.

S No	Complaints & Suggestions
	Sir, I given a complaint for two problems
	complaint No (14) dt 20/2/09
	But as per your report it is completed
	but it was not completed till now
	same problem it is there any time
	you canse and check. kindly do the
	needful.
	suggestion
	This is reply for complaint
	How can I recommend to my friends
	to my needs that's think it sir.

Received *[Signature]* 25/3/09

5-23-09

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COMPLAINT & SUGGESTIONS FORM.

Flat / bungalow No.	IC-201	Date	25/3/09
Project	P. M R		
Customer Name	P. SRINIVAS		
Customer Sign	<i>[Signature]</i>		
Phone No.	9849916603	email	enuporandla@gmail.com

For office use only. (Do not write here)  
 Received by: *[Signature]* Sign *[Signature]* Date: 25/3/09

Note: 1. Original should be sent to Accountant for filing & a copy each to MD & CR. 2. Give a serial number to each complaint. 3. CR can attach copy of this form for emails & other complaints received.

S No	Complaints & Suggestions
	Sir, I given a complaint for two problems complaint NO (14) dt 20/2/09
	but as per your report it is completed
	but it was not completed till now same problem it is there any time you come and check. kindly do the needful.
	<u>suggestion</u>
	th this is reply for complaint How can I recommend to my friends to buy modi flats. think it sir.

Received  
 28/3/09  
 3:35 PM

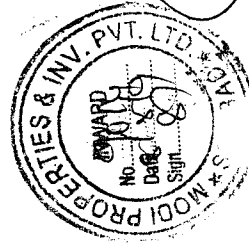
Quality Control Check Report.

For ATR on Complaints.

Flat / bungalow No.	B-506		ATR Date	
Project	PMR		Complaint Date	5/4/09
Customer Name	S.A.N ZEELAND			
Prepared by	G.VIJAY EAS	Date	20.6.09	Sign
Project Manager	SUBBA REDDY	Date	20.6.09	Sign
HO receipt date		Sign		
Checked by MD on	20/6/09		MD Sign	
MD's Remarks:				
CR to send letter to customer	<input type="checkbox"/> Yes <input type="checkbox"/> No	For filling	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

Note: CR will send a copy of ATR and complaint to QC immediately after the receipt of the ATR. QC will send their report on the ATR to the MD within 3 working days. Aruna to file to file it in MDs pending complaints file.

Complaint S No.	Quality of action taken by Site Engg on complaint?	If action on the complaint was not taken then, was the reason for not taking action justified?
1.	<input type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.	<input type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.	<input type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.	<input type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad	<input type="checkbox"/> Yes <input type="checkbox"/> No
5.	<input type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad	<input type="checkbox"/> Yes <input type="checkbox"/> No
6.	<input type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad	<input type="checkbox"/> Yes <input type="checkbox"/> No
7.	<input type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad	<input type="checkbox"/> Yes <input type="checkbox"/> No
8.	<input type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad	<input type="checkbox"/> Yes <input type="checkbox"/> No
9.	<input type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad	<input type="checkbox"/> Yes <input type="checkbox"/> No
10.	<input type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad	<input type="checkbox"/> Yes <input type="checkbox"/> No
11.	<input type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad	<input type="checkbox"/> Yes <input type="checkbox"/> No
12.	<input type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad	<input type="checkbox"/> Yes <input type="checkbox"/> No
Remarks:	Door locked. Flat is vacant. Customer is not available.	



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ACTION TAKEN REPORT (FOR COMPLAINTS)

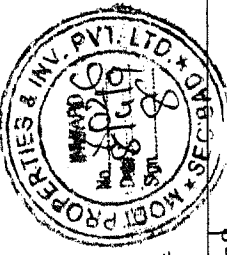
Flat / bungalow No.	B-506	ATR Date	5/5/05
Project	P.M.K	Complaint Date	5/5/05
Customer Name	S.A.N. ZEELANI		
Prepared By	S.V. Subbaraj		
Project Manager's Sign	<i>[Signature]</i>	Admin Officer's Sign	

Note: Original ATR should be sent to CR & a copy to MD. CR to file original in customer's file.

Complaint S No.	Action Taken
1.	<p>a) Rejected</p> <p>b) Rejected</p> <p>c) Rejected</p> <p>d) Rejected</p> <p>e) Rejected</p>
2.	Replaced
3.	We are not providing the facility
4.	Work completed
5.	Rejected

Note: 1. Keep the report brief. 2. Do not repeat the complaint. 3. Use terms like "Work completed", "Changes not permitted - work not taken up", "Kept pending at customer's request", "Beyond our scope of work", etc.

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COMPLAINT & SUGGESTIONS FORM.

Flat / bungalow No.	B 506	Date	05/04/2009
Project	Paramount Residency		
Customer Name	S.A.U. ZEELANS		
Customer Sign	Ravi		
Phone No.	9985309066	email	zeelans1@yahoo.com

For office use only. (Do not write here)

Received by:	S. K. Srinivas	Sign	[Signature]	Date:	6/4/09
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Note: 1. Original should be sent to Accountant for filing & a copy each to MD & CR. 2. Give a serial number to each complaint. 3. CR can attach copy of this form for emails & other complaints received.

S No	Complaints & Suggestions
①	<del>Cracks</del> & Observed in following Areas. (a) Master Bed Room Door top (inside & outside) (b) Master Bedroom window Door top (c) Kitchen inside. Right side near Entry side - main Door inside & out side (top of the Door) (e) Child room Bed Room Door top inside & outside.
②	One tile broken in Hall Floor
③	Bath Room walls painting done without Dusty applying.
④	In kitchen Dining water tank (Sinter) not yet Installed.
⑤	AC Doors done without providing glass for Glass.

6/4/09

Door locked

**Quality Control Check Repot. For ATR on Complaints.**

Flat / bungalow No.	B-402		ATR Date	
Project	PMA		Complaint Date	15/3/09
Customer Name	S.N.S. Srinivas Rao			
Prepared by	G.VIJAY RAO	Date	20.6.09	Sign
Project Manager	SUBBA REDDY	Date	20.6.09	Sign
HO receipt date		Sign		
Checked by MD on	26/6/09	MD Sign		
MD's Remarks:				
CR to send letter to customer	<input type="checkbox"/> Yes <input type="checkbox"/> No	For filling	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

Note: CR will send a copy of ATR and complaint to QC immediately after the receipt of the ATR. QC will send their report on the ATR to the MD within 3 working days. Aruna to file to file it in MDs pending complaints file.

Complaint S No.	Quality of action taken by Site Engg on complaint?	If action on the complaint was not taken then, was the reason for not taking action justified?
1.	<input type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.	<input type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.	<input type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.	<input type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad	<input type="checkbox"/> Yes <input type="checkbox"/> No
5.	<input type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad	<input type="checkbox"/> Yes <input type="checkbox"/> No
6.	<input type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad	<input type="checkbox"/> Yes <input type="checkbox"/> No
7.	<input type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad	<input type="checkbox"/> Yes <input type="checkbox"/> No
8.	<input type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad	<input type="checkbox"/> Yes <input type="checkbox"/> No
9.	<input type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad	<input type="checkbox"/> Yes <input type="checkbox"/> No
10.	<input type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad	<input type="checkbox"/> Yes <input type="checkbox"/> No
11.	<input type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad	<input type="checkbox"/> Yes <input type="checkbox"/> No
12.	<input type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad	<input type="checkbox"/> Yes <input type="checkbox"/> No
Remarks:	Door locked. (FLAT IS IN VACANT).	



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**ACTION TAKEN REPORT (FOR COMPLAINTS)**

Flat / bungalow No.	B-402	ATR Date	13/06/05
Project	P.M.K	Complaint Date	15/03/05
Customer Name	S.N.S. Srinivasa Rao.		
Prepared By	S.V. Subba Reddy		
Project Manager's Sign	Admin Officer's Sign		

Note: Original ATR should be sent to CR & a copy to MD. CR to file original in customer's file.

Complaint S No.	Action Taken
1	Beyond our scope -
2	replaced ②. concrete stone table replaced.
4	replaced ④. this is very minor but cost.
6	replaced
7	we will finish at the time of doing out side part - in Nov
8	replaced
9	replaced
10	replaced
11	Completed the white cement covering work
12	replaced
13	replaced
14	replaced
15	Not replaced it is rejected
16	replaced
17	replaced
18	replaced
19	replaced
20	replaced
21	replaced
22	replaced
23	it is not possible
24	_____

Note: 1. Keep the report brief. 2. Do not repeat the complaint. 3. Use terms like "Work completed", "Changes not permitted - work not taken up", "Kept pending at customer's request", "Beyond our scope of work", etc.

COMPLAINT & SUGGESTIONS FORM.

Flat / bungalow No.	B-402	Date	15/03/2008
Project	Paramount Residency		
Customer Name	B. N. S. Shiv Varan Rao		
Customer Sign	<i>(Signature)</i>		
Phone No.	9701501113	email	shv.nao@vsnl.com

For office use only. (Do not write here)

Received by:	Sign	Date:
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Note: 1. Original should be sent to Accountant for filing & a copy each to MD & CR. 2. Give a serial number to each complaint. 3. CR can attach copy of this form for emails & other complaints received.

S No	Complaints & Suggestions
01.	Water storage tank projected outside from 2a, 2b.
02.	Kitchen - flooring skirting tiles near Pooja Room broken
03.	Kitchen - Sink <del>is</del> fixing. is not yet done.
04.	Kitchen - "Dado" near sockets board tile broken
05.	Hall Balcony window frames "not in line".
06.	Hall Balcony door frame "jamb" not in line
07.	Balcony light niche wall. Potten coarse finish & not good
08.	Kitchen entrance door "frames" not in level and digit angle.
09.	Master Bedroom A/c Point wall beam not in level & level
10.	Master B/R bathroom entrance left wall not in level & line
11.	White Cement filling few Bathroom tiles. not done
12.	Children bed room entrance door tile broken.
13.	Children bed room attached toilet (new) door frame tile broken.
14.	C/R near hall niche "S2" on top finishing not proper.
15.	C/R - door frame is not good - "Replace the same"
16.	Common toilet entrance flooring tile broken.
17.	Main entrance hall digit side beam in not level.
18.	beam bottom wall beads
19.	MCB Box is not level.
20.	Hall TV Unit cupboard top beam not in level.
21.	Kitchen utility door frame Jamb not in line and level
22.	Kitchen window sill fixing is not proper
23.	C.I. Pipe line - in utility area fixing is not proper - looking very bad

(24)

Change of Internal doors from semi deluxe to deluxe.  
 Page 1 of 2  
 difference of cost should be paid by me. kindly let me know the diff. amount prior to commencing the work.

Shanmuga to Pooja Rao, Accountant, 15/03/08

COMPLAINT & SUGGESTIONS FORM.

7036  
9127  
8

Flat / bungalow No.	B.402	Date	17/3/09.
Project	PARAMOUNT RESIDENCY		
Customer Name	SNS SRINIVASA RAO		
Customer Sign	S. MAIL		
Phone No.	970501113	email	snsrao@em.affem.com

For office use only. (Do not write here)

Received by:	SN	Sign	<i>SN</i>	Date:	17.3.09
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Note: 1. Original should be sent to Accountant for filing & copy each to MD & CR. 2. Give a serial number to each complaint. 3. CR can attach copy of this form for emails & other complaints received.

S No	Complaints & Suggestions
	"MAIL ATTACHED"

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**From:** <sns.rao@eu.ffmpeg.com>  
**To:** <cr@modiproperties.com>  
**Sent:** Tuesday, March 17, 2009 2:42 PM  
**Attach:** B 402 - Snags.xls  
**Subject:** Re: Estimate sheet of extra specification of flat no. B-402, in Paramount Residency.

Krishna Prasad,

As disucced please find the list of snags which i would expect you to complete before handing over to me.  
Please come back to me incase of any clarifications.

Thanks

Srini

Flat No : B 402, Paramount Residency  
 Owners Name : S N S Srinivasa Rao  
 Tel : 9701501113  
 Date : 16/03/09

SI.No	Details of complainit
1	Water sink in Kitchen yet to be fixed.
2	Water tank in Kitchen projecting out of sazza. Will be an issue for wardrobe . Replace with Correct size tank.
3	Kitchen skirting tile near pooja room damaged
4	Kitchen dado near switch board damaged
5	Hall balcony window jambs are not in line
6	Hall balcony door frame jambs are not in line
7	Balcony right side wall patch work finish is not good
8	Kitchen entrance door jambs not in level and right angle
9	Master B R A/C point wall beam not in level
10	Master B R bathroom entrance left wall not in level
11	White cement filling for Bathroom tiles
12	Children BR entrance floor tile broken
13	C children BR skirting at toilet door frame tile broken
14	C children BR - hall side, sazza top finishing not proper
15	C children BR - hall side, door frame is not good. -Replace the same
16	Common toilet entrance flooring tile broken
17	Main entrance hall right side beam is not level and also beam bottom wall bend
18	MCB box is not in level
19	Hall TV unit ward robe above beam is not in level
20	Kitchen utility door frame jambs not in line and level
21	Kitchen window grill is not fixed proper
22	G I pipe line at Utility area is not proper and not looking good
23	Change inside doors from Semi deluxe to Deluxe type difference of amount would be paid by me . Please let me know the diff amount prior comencing the work

Quality Control Check Repot. For ATR on Complaints.

Flat / bungalow No.	3C-103	ATR Date	5/3/10
Project	PMR.	Complaint Date	25/2/10
Customer Name	R. Venkatesh Ratnam		
Prepared by	M Ramakrishna	Date	21/3/10
Project Manager	Sobba Reddy	Date	21/3/10
HO receipt date		Sign	
Checked by MD on	2/4/10	MD Sign	
MD's Remarks:			
CR to send letter to customer	<input type="checkbox"/> Yes <input type="checkbox"/> No	For filling	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Note: CR will send a copy of ATR and complaint to QC immediately after the receipt of the ATR. QC will send their report on the ATR to the MD within 3 working days. Aruna to file to file it in MDs pending complaints file.

Complaint S No.	Quality of action taken by Site Engg on complaint?	If action on the complaint was not taken then, was the reason for not taking action justified?
1.	<input type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.	<input type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.	<input type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.	<input type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad	<input type="checkbox"/> Yes <input type="checkbox"/> No
5.	<input type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad	<input type="checkbox"/> Yes <input type="checkbox"/> No
6.	<input type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad	<input type="checkbox"/> Yes <input type="checkbox"/> No
7.	<input type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad	<input type="checkbox"/> Yes <input type="checkbox"/> No
8.	<input type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad	<input type="checkbox"/> Yes <input type="checkbox"/> No
9.	<input type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad	<input type="checkbox"/> Yes <input type="checkbox"/> No
10.	<input type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad	<input type="checkbox"/> Yes <input type="checkbox"/> No
11.	<input type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad	<input type="checkbox"/> Yes <input type="checkbox"/> No
12.	<input type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad	<input type="checkbox"/> Yes <input type="checkbox"/> No

Remarks:

Note:- Door Locked



1

**ACTION TAKEN REPORT (FOR COMPLAINTS)**

Flat / bungalow No.	3cf103,	ATR Date	5/3/2010
Project		Complaint Date	25/2/2010
Customer Name	P. Venkat Ratnam.		
Prepared By	Venkateswarar Rao.		
Project Manager's Sign	<i>Rao</i>	Admin Officer's Sign	<i>[Signature]</i>

Note: Original ATR should be sent to CR & a copy to MD. CR to file original in Customer's file.

Complaint S No.	Action Taken
1	<del>work</del> completed
2	<del>work</del> completed
3	<del>work</del> completed
4	<del>work</del> completed
5	<del>work</del> completed
6	<del>work</del> completed
7	<del>work</del> completed.

Note: 1. Keep the report brief. 2. Do not repeat the complaint. 3. Use terms like "Work completed", "Changes not permitted - work not taken up", "Kept pending at customer's request", "Beyond our scope of work", etc.



**COMPLAINT & SUGGESTIONS FORM.**

Flat / bungalow No.	3C-103	Date	25.08.2018
Project	DORAMOUNT Residency		
Customer Name	R. VENKATA RATNAM		
Customer Sign	RVA		
Phone No.	9490428133	email	surudra@intecc.com

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Received by: S.V.S. [Signature] Sign Date: 25/2/2018

Note: 1. Original should be sent to Accountant for filing & a copy each to MD & CR. 2. Give a serial number to each complaint. 3. CR can attach copy of this form for emails & other complaints received.

S No	Complaints & Suggestions
1.	<p>Hall: 1. main door - frame Bottom painting</p> <p>2. Windows - finishing</p> <p>3. Removal of paint on wall, partition wall</p> <p>4. All window frame jam should be fixed</p> <p>5. Tile joints &amp; was not Grouted</p>
2.	<p>Common Toilet: 1. Ventilator painting &amp; lower part</p> <p>2. Toilet Tiles <del>finishing</del> patchwork</p> <p>3. Toilet wall Tiles patchwork</p>
3.	<p>SITOUT: Jally finishing.</p>
4.	<p>KITCHEN: 1. Window Door skirting patchwork,</p> <p>2. Ekt-form sink edge finishing</p> <p>3. Kitchen exit door Bottom Tiles gap finishing</p>
5.	<p>Washout 1. Jally frame</p>
6.	<p>Master Bed Room: 1. Tiles patchwork - finishing in Toilet</p> <p>2. Wall bloom Toilet - finishing work &amp;</p> <p>3. Plumbing work Balance</p> <p>4. Window finishing in and out side</p> <p>5. Painted door <del>finishing</del> <del>finishing</del> cleaning</p> <p>6. Electrical filling patchwork in Toilet</p>
7.	<p>All floor tile joints was not grouted.</p>



Quality Control Check Report.

For ATR on Complaints.

Flat / bungalow No.	3C/207	ATR Date	5/3/10
Project	PMR	Complaint Date	31/2/10
Customer Name	Somaswami Mahesh		
Prepared by	M Ramakrishna	Date	31/8/10
Project Manager	Sobha Raddy	Date	31/8/10
HO receipt date		Sign	
Checked by MD on	2/1/10	Sign	
MD's Remarks:		MD Sign	

CR to send letter to customer  Yes  No For filling  Yes  No

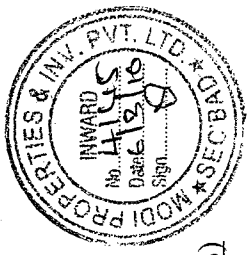
Note: CR will send a copy of ATR and complaint to QC immediately after the receipt of the ATR. QC will send their report on the ATR to the MD within 3 working days. Aruna to file to file it in MDs pending complaints file.

Complaint S No.	Quality of action taken by Site Engg on complaint?	If action on the complaint was not taken then, was the reason for not taking action justified?
1.	<input type="checkbox"/> Good <input checked="" type="checkbox"/> Avg. <input type="checkbox"/> Bad	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.	<input type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
3.	<input type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.	<input type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad	<input type="checkbox"/> Yes <input type="checkbox"/> No
5.	<input type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad	<input type="checkbox"/> Yes <input type="checkbox"/> No
6.	<input type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad	<input type="checkbox"/> Yes <input type="checkbox"/> No
7.	<input type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad	<input type="checkbox"/> Yes <input type="checkbox"/> No
8.	<input type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad	<input type="checkbox"/> Yes <input type="checkbox"/> No
9.	<input type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad	<input type="checkbox"/> Yes <input type="checkbox"/> No
10.	<input type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad	<input type="checkbox"/> Yes <input type="checkbox"/> No
11.	<input type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad	<input type="checkbox"/> Yes <input type="checkbox"/> No
12.	<input type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad	<input type="checkbox"/> Yes <input type="checkbox"/> No

Remarks:

1) Complaint NOT is attended ~~by~~ ~~proceeding~~ But Colour is not matching where waterproofing is done.

"This is dark Colour"



ACTION TAKEN REPORT (FOR COMPLAINTS)

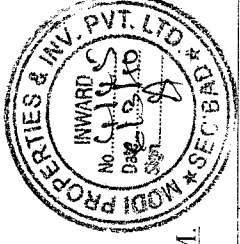
Flat / bungalow No.	3C/207	ATR Date	5/31/2010
Project		Complaint Date	8/1/2010
Customer Name	Sonawane Mahesh.		
Prepared By	Venkateshwar Naik		
Project Manager's Sign	Robi	Admin Officer's Sign	[Signature]

Note: Original ATR should be sent to CR & a copy to MD. CR to file-original in customer's file.

Complaint S No.	Action Taken
1	work completed
2	work completed

Note: 1. Keep the report brief. 2. Do not repeat the complaint. 3. Use terms like "Work completed", "Changes not permitted - work not taken up", "Kept pending at customer's request", "Beyond our scope of work", etc.

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COMPLAINT & SUGGESTIONS FORM.

Flat / bungalow No.	3C-207	Date	31/12/09
Project	Paramount Residency		
Customer Name	Sonaljane Mahesh . S.		
Customer Sign	MGNawane		
Phone No.	9030779073	email	

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Received by:	SRM	Sign	<i>[Signature]</i>	Date:	31/12/09
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Note: 1. Original should be sent to Accounts for filing & a copy each to MD & CR. 2. Give a serial number to each complaint. 3. CR can attach copy of this form for emails & other complaints received.

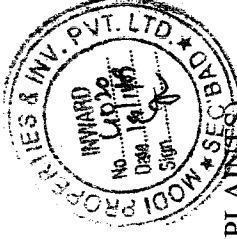
S No	Complaints & Suggestions
1	water patches on walls. please to be rectify
2	Stair case marbles broken on many places.

Quality Control Check Repot. For ATR on Complaints.

Flat / bungalow No.	1C-506	ATR Date	
Project	PMR	Complaint Date	9-11-09
Customer Name	PRATAP kumar.s		
Prepared by	G. vijaykumar	Date	26/11/09
Project Manager	Robba Reddy	Date	26/11/09
HO receipt date		Sign	
Checked by MD on	16/12/09	MD Sign	
MD's Remarks:			
CR to send letter to customer	<input type="checkbox"/> Yes <input type="checkbox"/> No	For filling	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Note: CR will send a copy of ATR and complaint to QC immediately after the receipt of the ATR. QC will send their report on the ATR to the MD within 3 working days. Aruna to file to file it in MDs pending complaints file.

Complaint S No.	Quality of action taken by Site Engg on complaint?	If action on the complaint was not taken then, was the reason for not taking action justified?
1.	<input type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.	<input type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.	<input type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.	<input type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad	<input type="checkbox"/> Yes <input type="checkbox"/> No
5.	<input type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad	<input type="checkbox"/> Yes <input type="checkbox"/> No
6.	<input type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad	<input type="checkbox"/> Yes <input type="checkbox"/> No
7.	<input type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad	<input type="checkbox"/> Yes <input type="checkbox"/> No
8.	<input type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad	<input type="checkbox"/> Yes <input type="checkbox"/> No
9.	<input type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad	<input type="checkbox"/> Yes <input type="checkbox"/> No
10.	<input type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad	<input type="checkbox"/> Yes <input type="checkbox"/> No
11.	<input type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad	<input type="checkbox"/> Yes <input type="checkbox"/> No
12.	<input type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad	<input type="checkbox"/> Yes <input type="checkbox"/> No
Remarks:	Door Locked.	



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**ACTION TAKEN REPORT (FOR COMPLAINTS)**

Flat / bungalow No.	1C-506.	ATR Date	17-11-09.
Project	Burgundy Bentley	Complaint Date	9-11-09
Customer Name	Pratap. Kumar. S.		
Prepared By	VENKATESWARA. RAJ. CH		
Project Manager's Sign	[Signature]	Admin Officer's Sign	[Signature]


Note: Original ATR should be sent to CR & a copy to MD. CR to file original in customer's file.

Complaint S No.	Action Taken
1	work completed
2	work completed
3	work completed
4	work completed
5	work completed
6	work completed
7	work completed
	[Signature]

Note: 1. Keep the report brief. 2. Do not repeat the complaint. 3. Use terms like "Work completed", "Changes not permitted - work not taken up", "Kept pending at customer's request", "Beyond our scope of work", etc.

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COMPLAINT & SUGGESTIONS FORM.

Flat / bungalow No.	506 / 1C	Date	9.11.2009
Project	Parasmount Residency		
Customer Name	S. Prathap Kumar		
Customer Sign			
Phone No.	9912343384	email	prathapkumarsialaja@gmail.com

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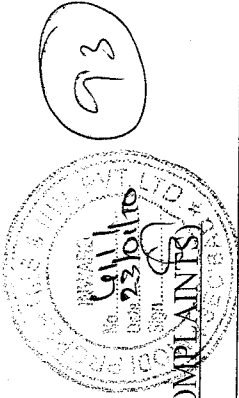
Received by: Sign Date:

Ch

Note: 1. Original should be sent to Accountant for filing & a copy each to MD & CR. 2. Give a serial number to each complaint. 3. CR can attach copy of this form for emails & other complaints received.

S No	Complaints & Suggestions
1/	Water flow in tap at wash basin not sufficient.
2/	" in wash basin drainage slow.
3/	Flush at toilet not functioning.
4/	Drinking water storage tank lid not provided.
5/	Drinking water tap at sink not functioning well.
6/	Switched board at kitchen power supply problem.
7/	Painting not done for main door heading.





**ACTION TAKEN REPORT (FOR COMPLAINTS)**

Flat / bungalow No.	2c-302	ATR Date	23/11/10
Project	Team most Ready	Complaint Date	21-1-10
Customer Name	Ms. Y. Usha Rani		
Prepared By	Ch. Nunkatewarrao		
Project Manager's Sign	Redar 23/10/10 Sign	Admin Officer's Sign	

Note: Original ATR should be sent to CR & a copy to MD. CR to file original in customer's file.

Complaint S No.	Action Taken
1	Work completed
2	Work completed
3	Work completed
4	Work completed

Note: 1. Keep the report brief. 2. Do not repeat the complaint. 3. Use terms like "Work completed", "Changes not permitted - work not taken up", "Kept pending at customer's request", "Beyond our scope of work", etc.





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COMPLAINT & SUGGESTIONS FORM.

Flat / bungalow No.	302, block no. ac	Date	21/10/10
Project	Palasmoort Residency.		
Customer Name	MRS. Y. Usha Rani		
Customer Sign	[Signature]		
Phone No.	9885925878	email	

For office use only. (Do not write here)

Received by:	Sign	Chw	Date:	21/10
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Note: 1. Original should be sent to Accountant for filing & a copy each to MD & CR. 2. Give a serial number to each complaint. 3. CR can attach copy of this form for emails & other complaints received.

S No	Complaints & Suggestions
1.	Children bed Room Fan Switch not working.
2.	Both Bath Room should be cleaned.
3.	Entrance Glass were not cleaned.
4.	To Doors and locks paint drops to be cleaned.

**Quality Control Check Report. For ATR on Complaints.**

Flat / bungalow No.	A-202		ATR Date	
Project	Pyr		Complaint Date	16-1-10
Customer Name	Manish Kumar, N.			
Prepared by	G. Vijayaraj	Date	04/02/10	Sign
Project Manager	Subba Reddy	Date	04/02/10	Sign
HO receipt date		Sign		
Checked by MD on	26/3/10	MD Sign		W
MD's Remarks:				
CR to send letter to customer	<input type="checkbox"/> Yes <input type="checkbox"/> No	For filling	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

Note: CR will send a copy of ATR and complaint to QC immediately after the receipt of the ATR. QC will send their report on the ATR to the MD within 3 working days. Aruna to file to file it in MDs pending complaints file.

Complaint S No.	Quality of action taken by Site Engg on complaint?	If action on the complaint was not taken then, was the reason for not taking action justified?
1.	<input type="checkbox"/> Good <input checked="" type="checkbox"/> Avg. <input type="checkbox"/> Bad	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.	<input checked="" type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.	<input checked="" type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.	<input checked="" type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad	<input type="checkbox"/> Yes <input type="checkbox"/> No
5.	<input type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
6.	<input type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad	<input type="checkbox"/> Yes <input type="checkbox"/> No
7.	<input checked="" type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad	<input type="checkbox"/> Yes <input type="checkbox"/> No
8.	<input type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
9.	<input type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad	<input type="checkbox"/> Yes <input type="checkbox"/> No
10.	<input type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad	<input type="checkbox"/> Yes <input type="checkbox"/> No
11.	<input type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad	<input type="checkbox"/> Yes <input type="checkbox"/> No
12.	<input type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad	<input type="checkbox"/> Yes <input type="checkbox"/> No

Remarks:

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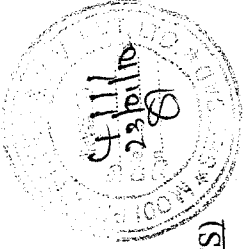


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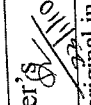


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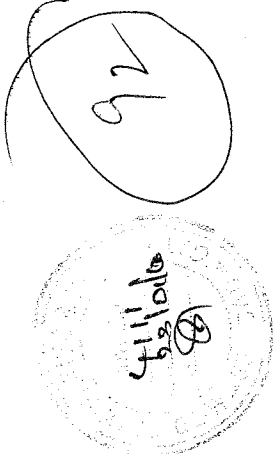
### ACTION TAKEN REPORT (FOR COMPLAINTS)

Flat / bungalow No.	A-202 -	ATR Date	23-1-10
Project	Basant Reddy	Complaint Date	16-1-10
Customer Name	Mahesh Kumar Nalambary		
Prepared By	V. N. Katarwarra MD		
Project Manager's Sign	E. Dor 23/01/2010	Admin Officer's Sign	 23/01/10

Note: Original ATR should be sent to CR & a copy to MD. CR to file original in customer's file.

Complaint S No.	Action Taken
1	Work completed
2	Work completed
3	Work completed
4	Work completed
5	Admin responsible
6	Admin responsible
7	Work completed
8	Work completed

Note: 1. Keep the report brief. 2. Do not repeat the complaint. 3. Use terms like "Work completed", "Changes not permitted - work not taken up", "Kept pending at customer's request", "Beyond our scope of work", etc.



COMPLAINT & SUGGESTIONS FORM.

Flat / bungalow No.	A-202	Date	16-01-2010
Project	PMR		
Customer Name	MANISH KUMAR NALAMWAR		
Customer Sign	<i>MANISH</i>		
Phone No.	9440506683	email	

Nalamwar.ManishKumar@railab.in

For office use only. (Do not write here)

Received by: <i>SPPA</i>	Sign <i>SPPA</i>	Date:	
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Note: 1. Original should be sent to Accountant for filing & a copy each to MD & CR. 2. Give a serial number to each complaint. 3. CR can attach copy of this form for emails & other complaints received.

S No	Complaints & Suggestions
<del>1)</del> 2)	Master Bed room window grill fixing.
<del>2)</del> 3)	Eero Bell casting connection.
<del>3)</del> 4)	White Cement fixing at various places.
<del>4)</del> 5)	Kitchen top, Utility works tap leakage.
<del>5)</del> 6)	Complete Bills for paid amount for Maintenance.
<del>6)</del> 7)	Name particulers in electric bill.
<del>7)</del> 8)	Front door frame painting. windows
<del>8)</del> 9)	Cleaning of Outside Aglasses.

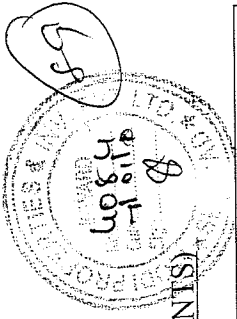
*SP*  
16/1/10

Quality Control Check Report. For ATR on Complaints.

Flat / bungalow No.	3c-107	ATR Date	
Project	PMR	Complaint Date	2/01/10
Customer Name	William Alfred		
Prepared by	G. vijay Raj	Date	22/01/10
Project Manager	Subba Reddy	Date	22/01/10
HO receipt date		Sign	G. 977
Checked by MD on	26/2/10	Sign	Ruber
MD's Remarks:		MD Sign	W
CR to send letter to customer	<input type="checkbox"/> Yes <input type="checkbox"/> No	For filling	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Note: CR will send a copy of ATR and complaint to QC immediately after the receipt of the ATR. QC will send their report on the ATR to the MD within 3 working days. Aruna to file to file it in MDs pending complaints file.

Complaint S No.	Quality of action taken by Site Engg on complaint?	If action on the complaint was not taken then, was the reason for not taking action justified?
1.	<input checked="" type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.	<input checked="" type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.	<input type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.	<input type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad	<input type="checkbox"/> Yes <input type="checkbox"/> No
5.	<input type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad	<input type="checkbox"/> Yes <input type="checkbox"/> No
6.	<input type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad	<input type="checkbox"/> Yes <input type="checkbox"/> No
7.	<input type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad	<input type="checkbox"/> Yes <input type="checkbox"/> No
8.	<input type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad	<input type="checkbox"/> Yes <input type="checkbox"/> No
9.	<input type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad	<input type="checkbox"/> Yes <input type="checkbox"/> No
10.	<input type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad	<input type="checkbox"/> Yes <input type="checkbox"/> No
11.	<input type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad	<input type="checkbox"/> Yes <input type="checkbox"/> No
12.	<input type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad	<input type="checkbox"/> Yes <input type="checkbox"/> No
Remarks:		



**ACTION TAKEN REPORT (FOR COMPLAINTS)**

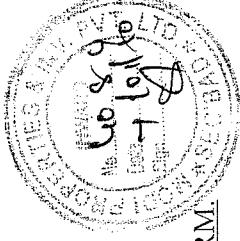
Flat / bungalow No.	3c-107	ATR Date	7/1/10
Project	Paramount Residency	Complaint Date	2/1/10
Customer Name	William Alfred's		
Prepared By	Venkateshwar Rao. Ch.		
Project Manager's Sign	 Admin Officer's Sign		

Note: Original ATR should be sent to CR & a copy to MD. CR to file original in customer's file.

Complaint S No.	Action Taken
1	Work completed
2	Work completed

Note: 1. Keep the report brief. 2. Do not repeat the complaint. 3. Use terms like "Work completed", "Changes not permitted – work not taken up", "Kept pending at customer's request", "Beyond our scope of work", etc.

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COMPLAINT & SUGGESTIONS FORM.

Flat / bungalow No.	107 Block 3C	Date	2/1/20
Project	Block - 3C		
Customer Name	William Alfred's		
Customer Sign	<i>W.A.</i>		
Phone No.	9701420446	email	

For office use only. (Do not write here)

Received by:	<i>G.A.</i>	Sign	<i>R</i>	Date:
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Note: 1. Original should be sent to Accountant for filing & a copy each to MD & CR. 2. Give a serial number to each complaint. 3. CR can attach copy of this form for emails & other complaints received.

S No	Complaints & Suggestions
✓ 1.	Water logging in toilet wash basin
✓ 2.	Cracks near the toilet door and clearing away white washing.

**Quality Control Check Report. For ATR on Complaints.**

Flat / bungalow No.	B-309		ATR Date	
Project	PMR		Complaint Date	11-1-10
Customer Name	Asur Vijayan			
Prepared by	Gvijay Raj	Date	04/02/10	Sign
Project Manager	Subba Reddy	Date	04/02/10	Sign
HO receipt date		Sign		
Checked by MD on	26/3/10	MD Sign		
MD's Remarks:				
CR to send letter to customer	<input type="checkbox"/> Yes <input type="checkbox"/> No	For filling	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

Note: CR will send a copy of ATR and complaint to QC immediately after the receipt of the ATR. QC will send their report on the ATR to the MD within 3 working days. Aruna to file to file it in MDs pending complaints file.

Complaint S No.	Quality of action taken by Site Engg on complaint?	If action on the complaint was not taken then, was the reason for not taking action justified?
1.	<input checked="" type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.	<input checked="" type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.	<input checked="" type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.	<input checked="" type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad	<input type="checkbox"/> Yes <input type="checkbox"/> No
5.	<input type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad	<input type="checkbox"/> Yes <input type="checkbox"/> No
6.	<input type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad	<input type="checkbox"/> Yes <input type="checkbox"/> No
7.	<input type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad	<input type="checkbox"/> Yes <input type="checkbox"/> No
8.	<input type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad	<input type="checkbox"/> Yes <input type="checkbox"/> No
9.	<input type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad	<input type="checkbox"/> Yes <input type="checkbox"/> No
10.	<input type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad	<input type="checkbox"/> Yes <input type="checkbox"/> No
11.	<input type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad	<input type="checkbox"/> Yes <input type="checkbox"/> No
12.	<input type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad	<input type="checkbox"/> Yes <input type="checkbox"/> No
Remarks:		





ACTION TAKEN REPORT (FOR COMPLAINTS)

Flat / bungalow No.	B-309	ATR Date	23-1-10
Project	Karnam Residency	Complaint Date	11-1-10
Customer Name	Arun Vijayan		
Prepared By	Munateshwar An		
Project Manager's Sign	23/01/2010	Admin Officer's Sign	[Signature]

Note: Original ATR should be sent to CR & a copy to MD. CR to file of original in customer's file.

Complaint S No.	Action Taken
①	Work completed
②	Work completed
③	Work completed
④	Requiring M.D. Sir Approval.

Note: 1. Keep the report brief. 2. Do not repeat the complaint. 3. Use terms like "Work completed", "Changes not permitted - work not taken up", "Kept pending at customer's request", "Beyond our scope of work", etc.

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COMPLAINT & SUGGESTIONS FORM.

Flat / bungalow No. Project	309, B' Block	Date	11/01/10
Customer Name	ARUN VIJAYAN		
Customer Sign			
Phone No.	9030275185	email	

For office use only. (Do not write here)

Received by:	Sign	Date:
	Ch	

Note: 1. Original should be sent to Accountant for filing & a copy each to MD & CR. 2. Give a serial number to each complaint. 3. CR can attach copy of this form for emails & other complaints received.

S No	Complaints & Suggestions
✓ 1.	Bubbles on the walls as a result the plaster is coming out.
✓ 2.	Patches on the walls not yet rectified.
✓ 3.	Leakage in the wash basin
✓ 4.	There are wide gaps between some of wroto gaps the bindings on the staircase which is hazardous for children. Please look into it.

Quality Control Check Repot.

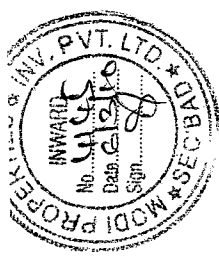
For ATR on Complaints .

Flat / bungalow No.	1C-203	ATR Date	4/3/10
Project	PMR	Complaint Date	2/2/10
Customer Name	L. Nani Vishwanath.		
Prepared by	M. Ramakrishna	Date	3/13/10
Project Manager	Subba Reddy	Date	3/13/10
HO receipt date		Sign	
Checked by MD on	2/2/10	MD Sign	
MD's Remarks:			
CR to send letter to customer	<input type="checkbox"/> Yes <input type="checkbox"/> No	For filling	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Note: CR will send a copy of ATR and complaint to QC immediately after the receipt of the ATR. QC will send their report on the ATR to the MD within 3 working days. Aruna to file to file it in MDs pending complaints file.

Complaint S No.	Quality of action taken by Site Engg on complaint?	If action on the complaint was not taken then, was the reason for not taking action justified?
1.	<input checked="" type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.	<input checked="" type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.	<input type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.	<input type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad	<input type="checkbox"/> Yes <input type="checkbox"/> No
5.	<input type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad	<input type="checkbox"/> Yes <input type="checkbox"/> No
6.	<input type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad	<input type="checkbox"/> Yes <input type="checkbox"/> No
7.	<input type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad	<input type="checkbox"/> Yes <input type="checkbox"/> No
8.	<input type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad	<input type="checkbox"/> Yes <input type="checkbox"/> No
9.	<input type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad	<input type="checkbox"/> Yes <input type="checkbox"/> No
10.	<input type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad	<input type="checkbox"/> Yes <input type="checkbox"/> No
11.	<input type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad	<input type="checkbox"/> Yes <input type="checkbox"/> No
12.	<input type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad	<input type="checkbox"/> Yes <input type="checkbox"/> No

Remarks:



008

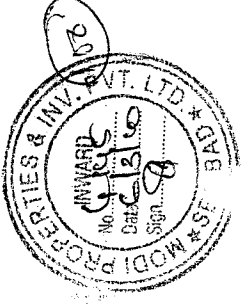
ACTION TAKEN REPORT (FOR COMPLAINTS)

Flat / bungalow No.	1c-203.	ATR Date	4/12/2010.
Project		Complaint Date	2/12/2010.
Customer Name	L. VAMI VISWA NAATH.		
Prepared By	Ch. Venkateshwar Rao		
Project Manager's Sign		Admin Officer's Sign	

Note: Original ATR should be sent to CR & a copy to MD. CR to file original in customer's file.

Complaint S No.	Action Taken
1	Work completed.
2	Work completed.

Note: 1. Keep the report brief. 2. Do not repeat the complaint. 3. Use terms like "Work completed", "Changes not permitted - work not taken up", "Kept pending at customer's request", "Beyond our scope of work", etc.



COMPLAINT & SUGGESTIONS FORM.

Flat / bungalow No.	1C-203	Date	2-2-10
Project	PARAMOUNT RESIDENCY		
Customer Name	A. VANI VISWANATH REDDY		
Customer Sign	[Signature]		
Phone No.	04065910083	email	

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Received by:	Sign	Date:
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Note: 1. Original should be sent to Accountant for filing & a copy each to MD & CR. 2. Give a serial number to each complaint. 3. CR can attach copy of this form for emails & other complaints received.

S No	Complaints & Suggestions
1	TOP'S aren't working in the Bathrooms
2	TWO lights are not working in the corridor 10 Days
<del>3</del>	-

Quality Control Check Report.

For ATR on Complaints.

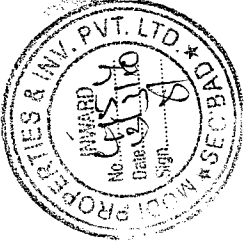
Flat / bungalow No.	1C-401	ATR Date	6/3/10
Project	PMR.	Complaint Date	3/3/10
Customer Name	Shanma		
Prepared by	M Rowa Baskys	Date	3/3/10
Project Manager	Sobba Reddy	Date	3/3/10
HO receipt date		Sign	
Checked by MD on	2/2/10	MD Sign	
MD's Remarks:			
CR to send letter to customer	<input type="checkbox"/> Yes <input type="checkbox"/> No	For filling	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Note: CR will send a copy of ATR and complaint to QC immediately after the receipt of the ATR. QC will send their report on the ATR to the MD within 3 working days. Aruna to file to file it in MDs pending complaints file.

Complaint S No.	Quality of action taken by Site Engg on complaint?	If action on the complaint was not taken then, was the reason for not taking action justified?
1.	<input checked="" type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.	<input type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.	<input type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.	<input type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad	<input type="checkbox"/> Yes <input type="checkbox"/> No
5.	<input type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad	<input type="checkbox"/> Yes <input type="checkbox"/> No
6.	<input type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad	<input type="checkbox"/> Yes <input type="checkbox"/> No
7.	<input type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad	<input type="checkbox"/> Yes <input type="checkbox"/> No
8.	<input type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad	<input type="checkbox"/> Yes <input type="checkbox"/> No
9.	<input type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad	<input type="checkbox"/> Yes <input type="checkbox"/> No
10.	<input type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad	<input type="checkbox"/> Yes <input type="checkbox"/> No
11.	<input type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad	<input type="checkbox"/> Yes <input type="checkbox"/> No
12.	<input type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad	<input type="checkbox"/> Yes <input type="checkbox"/> No

Remarks:





COMPLAINT & SUGGESTIONS FORM.

Flat / bungalow No.	1C-4+01	Date	3-3-2010
Project	P.M.K		
Customer Name	N.P.Sharma		
Customer Sign	N.P.Sharma		
Phone No.	9948652641	email	

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Received by: G.V.S. Narayan	Sign	Date: 3/3/2010
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Note: 1. Original should be sent to Accountant for filing & a copy each to MD & CR. 2. Give a serial number to each complaint. 3. CR can attach copy of this form for emails & other complaints received.

S No	Complaints & Suggestions
	Bores water tap repair in kitchen



Quality Control Check Report.

For ATR on Complaints.

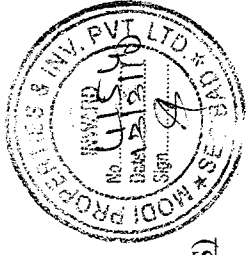
Flat / bungalow No.	16/403	ATR Date	6/3/10
Project	PMR	Complaint Date	6/3/10
Customer Name	Ravjeet Singh		
Prepared by	Ramalakshmi	Date	3/13/10
Project Manager	Sobha Reddy	Date	3/13/10
HO receipt date		Sign	
Checked by MD on	2/1/10	MD Sign	
MD's Remarks:			
CR to send letter to customer	<input type="checkbox"/> Yes <input type="checkbox"/> No	For filling	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Note: CR will send a copy of ATR and complaint to QC immediately after the receipt of the ATR. QC will send their report on the ATR to the MD within 3 working days. Aruna to file to file it in MDs pending complaints file.

Complaint S No.	Quality of action taken by Site Engg on complaint?	If action on the complaint was not taken then, was the reason for not taking action justified?
1.	<input type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.	<input type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.	<input type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.	<input type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad	<input type="checkbox"/> Yes <input type="checkbox"/> No
5.	<input type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad	<input type="checkbox"/> Yes <input type="checkbox"/> No
6.	<input type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad	<input type="checkbox"/> Yes <input type="checkbox"/> No
7.	<input type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad	<input type="checkbox"/> Yes <input type="checkbox"/> No
8.	<input type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad	<input type="checkbox"/> Yes <input type="checkbox"/> No
9.	<input type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad	<input type="checkbox"/> Yes <input type="checkbox"/> No
10.	<input type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad	<input type="checkbox"/> Yes <input type="checkbox"/> No
11.	<input type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad	<input type="checkbox"/> Yes <input type="checkbox"/> No
12.	<input type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad	<input type="checkbox"/> Yes <input type="checkbox"/> No


Remarks:

Note: - Door Locked



4

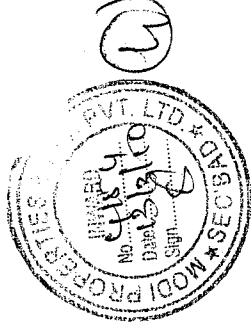
ACTION TAKEN REPORT (FOR COMPLAINTS)

Flat / bungalow No.	1C-403	ATR Date	06/03/10.
Project	Baramuri Residency	Complaint Date	06/03/10.
Customer Name	Nandix Singh.		
Prepared By	Ujjwal Kumar Raw.		
Project Manager's Sign	 Admin Officer's Sign		

Note: Original ATR should be sent to CR & a copy to MD. CR to file original in customer's file.

Complaint S No.	Action Taken
①	work completed
②	work completed

Note: 1. Keep the report brief. 2. Do not repeat the complaint. 3. Use terms like "Work completed", "Changes not permitted - work not taken up", "Kept pending at customer's request", "Beyond our scope of work", etc.



COMPLAINT & SUGGESTIONS FORM

Flat / bungalow No.	1C-403	Date	6.3.10
Project	Parament Runi.		
Customer Name	Rajeev Gupta		
Customer Sign	[Signature]		
Phone No.	9704293784	email	

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Received by:	Sign	Date:
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Note: 1. Original should be sent to Accountant for filing & a copy each to MD & CR. 2. Give a serial number to each complaint. 3. CR can attach copy of this form for emails & other complaints received.

S No	Complaints & Suggestions
1.	Over-head water tank (Kitchen) is overflowing.
2.	One screw of 4th floor Gift button is missing.

ON SPREADSHEET  
Count 186  
6/3/10

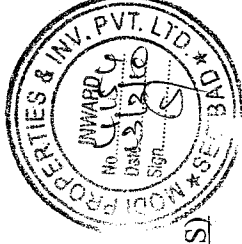
Quality Control Check Repot. For ATR on Complaints.

Flat / bungalow No.	1C-301	ATR Date	6/3/10
Project	PMR	Complaint Date	3/3/10
Customer Name	Raj Kumar.		
Prepared by	M. Ramdhaniswari	Date	3/13/10
Project Manager	Seeba Reddy	Date	3/13/10
HO receipt date		Sign	
Checked by MD on	2/4/10	Sign	
MD's Remarks:		MD Sign	✓
CR to send letter to customer	<input type="checkbox"/> Yes <input type="checkbox"/> No	For filling	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Note: CR will send a copy of ATR and complaint to QC immediately after the receipt of the ATR. QC will send their report on the ATR to the MD within 3 working days. Aruna to file to file it in MDs pending complaints file.

Complaint S No.	Quality of action taken by Site Engg on complaint?	If action on the complaint was not taken then, was the reason for not taking action justified?
1.	<input checked="" type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.	<input type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.	<input type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.	<input type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad	<input type="checkbox"/> Yes <input type="checkbox"/> No
5.	<input type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad	<input type="checkbox"/> Yes <input type="checkbox"/> No
6.	<input type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad	<input type="checkbox"/> Yes <input type="checkbox"/> No
7.	<input type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad	<input type="checkbox"/> Yes <input type="checkbox"/> No
8.	<input type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad	<input type="checkbox"/> Yes <input type="checkbox"/> No
9.	<input type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad	<input type="checkbox"/> Yes <input type="checkbox"/> No
10.	<input type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad	<input type="checkbox"/> Yes <input type="checkbox"/> No
11.	<input type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad	<input type="checkbox"/> Yes <input type="checkbox"/> No
12.	<input type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad	<input type="checkbox"/> Yes <input type="checkbox"/> No

Remarks:



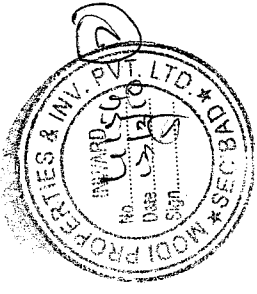
ACTION TAKEN REPORT (FOR COMPLAINTS)

Flat / bungalow No.	1c-301,	ATR Date	06/03/10.
Project	Panorama Park	Complaint Date	03/03/10
Customer Name	Raj Kumar.		
Prepared By	Venkatesh Rao.		
Project Manager's Sign	R. Rao	Admin Officer's Sign	[Signature]

Note: Original ATR should be sent to CR & a copy to MD. CR to file original in customer's file.

Complaint S No.	Action Taken
①	work completed

Note: 1. Keep the report brief. 2. Do not repeat the complaint. 3. Use terms like "Work completed", "Changes not permitted - work not taken up", "Kept pending at customer's request", "Beyond our scope of work", etc.



COMPLAINT & SUGGESTIONS FORM.

Flat / bungalow No.	1C-301	Date	3-3-2010
Project	P.M.H		
Customer Name	Raj Kumar.K.C		
Customer Sign			
Phone No.	9963294267	email	

For office use only. (Do not write here)

Received by:	S.S. Inward	Sign	Kobor	Date:	3/3/2010
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Note: 1. Original should be sent to Accountant for filing & a copy each to MD & CR. 2. Give a serial number to each complaint. 3. CR can attach copy of this form for emails & other complaints received.

S No	Complaints & Suggestions
✓ 1	Bore water tap repair in kitchen granite patty fixing work.

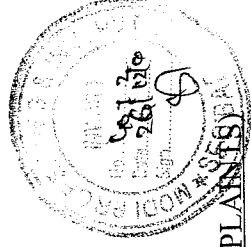
Quality Control Check Repot.                      For ATR on Complaints.

Flat / bungalow No.	A-205	ATR Date	80/12/109
Project	P/R	Complaint Date	25/11/109
Customer Name	Md. Sulaiman		
Prepared by	G. vijayaraj	Date	11/01/10
Project Manager	Subba Reddy	Date	11/01/10
HO receipt date		Sign	<i>[Signature]</i>
Checked by MD on	22/1/10	MD Sign	<i>[Signature]</i>
MD's Remarks:			
CR to send letter to customer	<input type="checkbox"/> Yes <input type="checkbox"/> No	For filling	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Note: CR will send a copy of ATR and complaint to QC immediately after the receipt of the ATR. QC will send their report on the ATR to the MD within 3 working days. Aruna to file to file it in MDs pending complaints file.

Complaint S No.	Quality of action taken by Site Engg on complaint?	If action on the complaint was not taken then, was the reason for not taking action justified?
1.	<input type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.	<input type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.	<input type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.	<input type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad	<input type="checkbox"/> Yes <input type="checkbox"/> No
5.	<input type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad	<input type="checkbox"/> Yes <input type="checkbox"/> No
6.	<input type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad	<input type="checkbox"/> Yes <input type="checkbox"/> No
7.	<input type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad	<input type="checkbox"/> Yes <input type="checkbox"/> No
8.	<input type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad	<input type="checkbox"/> Yes <input type="checkbox"/> No
9.	<input type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad	<input type="checkbox"/> Yes <input type="checkbox"/> No
10.	<input type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad	<input type="checkbox"/> Yes <input type="checkbox"/> No
11.	<input type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad	<input type="checkbox"/> Yes <input type="checkbox"/> No
12.	<input type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad	<input type="checkbox"/> Yes <input type="checkbox"/> No

Remarks: *Door Locked*



**ACTION TAKEN REPORT (FOR COMPLAINTS)**

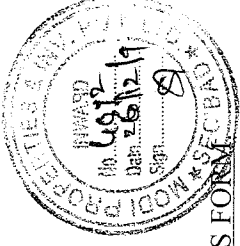
Flat / bungalow No.	A/205	ATR Date	18/12/09
Project	Basant Residency	Complaint Date	25/11/09
Customer Name	Mohammed Sulaiman		
Prepared By	Ch. Venkateswar Rao		
Project Manager's Sign	Admin Officer's Sign		

Note: Original ATR should be sent to CR & a copy to MD. CR to file original in customer's file.

Complaint S No.	Action Taken
1	Work completed
2	Work completed
3	Work completed
4	work completed
5	work completed

Note: 1. Keep the report brief. 2. Do not repeat the complaint. 3. Use terms like "Work completed", "Changes not permitted - work not taken up", "Kept pending at customer's request", "Beyond our scope of work", etc.





SM

COMPLAINT & SUGGESTIONS FORM

Flat / bungalow No.	Block A 205	Date	25-11-2009
Project	Pars mount Residency		
Customer Name	Mohammad Sulaiman		
Customer Sign	MS		
Phone No.	9963911769	email	-

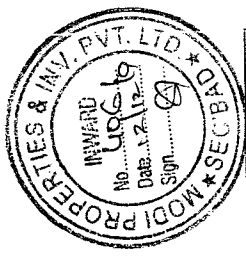
For office use only. (Do not write here)

Received by:	Sign	Date:
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Note: 1. Original should be sent to Accountant for filing & a copy each to MD & CR. 2. Give a serial number to each complaint. 3. CR can attach copy of this form for emails & other complaints received.

S No	Complaints & Suggestions
13	Toilet in the toilet are broken broken (one or two) Toilet in the kitchen <del>are</del> is broken <del>one</del>
13	Frames that are with the ceiling with glassy are not filter well. There are gaps between frames and wall.
13	Marble flooring in the Hall and kitchen and in the utility are broken.
14	The door of the Common toilet is very light and is not closing properly.





### ACTION TAKEN REPORT (FOR COMPLAINTS)

Flat / bungalow No.	TC-302	ATR Date	10-12-09
Project	P MIN	Complaint Date	24-8-09
Customer Name	Pasany Kumar Perisornof		
Prepared By	C.H. Nalkatashwar Rao		
Project Manager's Sign	<i>[Signature]</i>	Admin Officer's Sign	<i>[Signature]</i>

Note: Original ATR should be sent to CR & a copy to MD. CR to file original in customer's file.

Complaint S No.	Action Taken
1.	work completed
2.	Kindly see note on below
3.	work completed.

Note: 1. Keep the report brief. 2. Do not repeat the complaint. 3. Use terms like "Work completed", "Changes not permitted - work not taken up", "Kept pending at customer's request", "Beyond our scope of work", etc.

**NOTE REG POINT NO2 =** The Complaints in old Complaint # 28-11-08 are all attended. The customer is not specifying which are pending, therefore CR ency address customer to inform the site officials for pending complaints in old complaint # 28-11-08.

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COMPLAINT & SUGGESTIONS FORM.

Flat / bungalow No.	1C, 302	Date	24/08/09
Project	Paramount Residency.		
Customer Name	Pranay Kumar Rainwal		
Customer Sign	Pran Rainwal		
Phone No.	9246870585	email	

For office use only. (Do not write here)

Received by: CH. N. Rainwal	Sign	Date: 24/8/09
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Note: 1. Original should be sent to Accountant for filing & a copy each to MD & CR. 2. Give a serial number to each complaint. 3. CR can attach copy of this form for emails & other complaints received.

S No	Complaints & Suggestions
1	No shade in parking space allotted. Please provide shaded parking.
2	Previous complaints of 28/11/08 still pending
3	Water flows from sink tap is very low.

Ch. N. Rainwal  
24/8/09

2

Quality Control Check Repot. For ATR on Complaints.

Flat / bungalow No.		B-103		ATR Date		7/01/10	
Project		PDR		Complaint Date		16/12/09	
Customer Name K.V. Eswar							
Prepared by	G. vijay kumar	Date	11/01/10	Sign		Sign	6/1/10
Project Manager	Subba Reddy	Date	11/01/10	Sign		Sign	6/1/10
HO receipt date		22/1/10		MD Sign		W	
MD's Remarks:							
CR to send letter to customer		<input type="checkbox"/> Yes <input type="checkbox"/> No		For filling		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

Note: CR will send a copy of ATR and complaint to QC immediately after the receipt of the ATR. QC will send their report on the ATR to the MD within 3 working days. Aruna to file to file it in MDs pending complaints file.

Complaint S No.	Quality of action taken by Site Engg on complaint?	If action on the complaint was not taken then, was the reason for not taking action justified?
1.	<input type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.	<input type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.	<input type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.	<input type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad	<input type="checkbox"/> Yes <input type="checkbox"/> No
5.	<input type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad	<input type="checkbox"/> Yes <input type="checkbox"/> No
6.	<input type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad	<input type="checkbox"/> Yes <input type="checkbox"/> No
7.	<input type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad	<input type="checkbox"/> Yes <input type="checkbox"/> No
8.	<input type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad	<input type="checkbox"/> Yes <input type="checkbox"/> No
9.	<input type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad	<input type="checkbox"/> Yes <input type="checkbox"/> No
10.	<input type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad	<input type="checkbox"/> Yes <input type="checkbox"/> No
11.	<input type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad	<input type="checkbox"/> Yes <input type="checkbox"/> No
12.	<input type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad	<input type="checkbox"/> Yes <input type="checkbox"/> No
Remarks: DOOR LOCKED.		



### ACTION TAKEN REPORT (FOR COMPLAINTS)

Flat / bungalow No.	B7103.	ATR Date	30/11/09,
Project	Paramount Redwood	Complaint Date	16/12/09
Customer Name	Eswar, K.V.		
Prepared By	Venkateshwar Rao. Ch.		
Project Manager's Sign	f.dar 30/12/09	Admin Officer's Sign	<i>[Signature]</i> 10/6

Note: Original ATR should be sent to CR & a copy to MD. CR to file original in customer's file.

Complaint S No.	Action Taken
1	Work completed
2	Work completed

Note: 1. Keep the report brief. 2. Do not repeat the complaint. 3. Use terms like "Work completed", "Changes not permitted - work not taken up", "Kept pending at customer's request", "Beyond our scope of work", etc.

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COMPLAINT & SUGGESTIONS FORM.

Flat / bungalow No.	B - 103	Date	16/12/09
Project	PARAMOUNT RESIDENCY		
Customer Name	SUNIL K. V.		
Customer Sign	<i>[Signature]</i>		
Phone No.	92480 23337 email Eshu 1225@yahoo.com		

For office use only. (Do not write here)

Received by:	<i>[Signature]</i>	Sign	<i>[Signature]</i>	Date:	16/12/09
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Note: 1. Original should be sent to Accountant for filing & a copy each to MD & CR. 2. Give a serial number to each complaint. 3. CR can attach copy of this form for emails & other complaints received.

S No	Complaints & Suggestions
1	Plastering breaking of ii Master Bedroom Scapage / leakage from the pipe line & II floor. in the utility. Water leaking in the kitchen sink from the pipe.

Quality Control Check Repot. For ATR on Complaints.

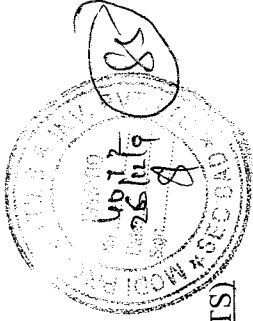
Flat / bungalow No.	2C-107	ATR Date	30/12/09.
Project	PMR	Complaint Date	14/11/09.
Customer Name	Vined		
Prepared by	G. vijay Raj	Date	11/01/10
Project Manager	Subba Reddy	Date	11/01/10
HO receipt date		Sign	
Checked by MD on	M/1/10	MD Sign	W
MD's Remarks:			
CR to send letter to customer	<input type="checkbox"/> Yes <input type="checkbox"/> No	For filling	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Note: CR will send a copy of ATR and complaint to QC immediately after the receipt of the ATR. QC will send their report on the ATR to the MD within 3 working days. Aruna to file to file it in MDs pending complaints file.

Complaint S No.	Quality of action taken by Site Engg on complaint?	If action on the complaint was not taken then, was the reason for not taking action justified?
1.	<input checked="" type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.	<input checked="" type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.	<input checked="" type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.	<input checked="" type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad	<input type="checkbox"/> Yes <input type="checkbox"/> No
5.	<input type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad	<input type="checkbox"/> Yes <input type="checkbox"/> No
6.	<input type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad	<input type="checkbox"/> Yes <input type="checkbox"/> No
7.	<input type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad	<input type="checkbox"/> Yes <input type="checkbox"/> No
8.	<input type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad	<input type="checkbox"/> Yes <input type="checkbox"/> No
9.	<input type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad	<input type="checkbox"/> Yes <input type="checkbox"/> No
10.	<input type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad	<input type="checkbox"/> Yes <input type="checkbox"/> No
11.	<input type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad	<input type="checkbox"/> Yes <input type="checkbox"/> No
12.	<input type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad	<input type="checkbox"/> Yes <input type="checkbox"/> No
Remarks:		



ACTION TAKEN REPORT (FOR COMPLAINTS)



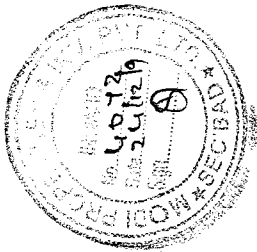
Flat / bungalow No.	26/107	ATR Date	18/12/08
Project	Sankar-Residey	Complaint Date	14/11/08
Customer Name	Vinod		
Prepared By	Ch Venkateshwar Rao		
Project Manager's Sign	<i>[Signature]</i> Admin Officer		

Note: Original ATR should be sent to CR & a copy to MD. CR to file original in customer's file.

Complaint S No.	Action Taken
1	Work completed
2	Work completed
3	Work completed
4	Work completed

Note: 1. Keep the report brief. 2. Do not repeat the complaint. 3. Use terms like "Work completed", "Changes not permitted - work not taken up", "Kept pending at customer's request", "Beyond our scope of work", etc.

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COMPLAINT & SUGGESTIONS FORM.

Flat / bungalow No.	2C-107	Date	14/11/08
Project			
Customer Name	Vinod.		
Customer Sign			
Phone No.	9866414686	email	vinuudkey@gmail.com

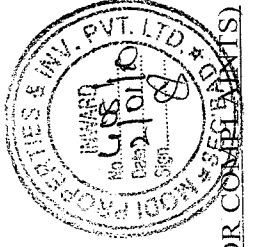
For office use only. (Do not write here)

Received by:	Sign	Date:
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Note: 1. Original should be sent to Accountant for filing & a copy each to MD & CR. 2. Give a serial number to each complaint. 3. CR can attach copy of this form for emails & other complaints received.

S No	Complaints & Suggestions
1	Drinking water tank water problem.
2	Fan Switch not working @ hall.
3	Hall main Window locking problem also balcony window locking problem.
4	Shrink water basin, water is not going out properly, Of tower since 14/11/08





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**ACTION TAKEN REPORT (FOR COMPLAINTS)**

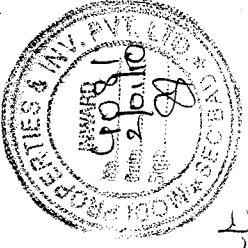
Flat / bungalow No.	2C/2009	ATR Date	30/12/09.
Project	Soumit Roadway	Complaint Date	28/12/09.
Customer Name	Venkateswarlu. A		
Prepared By	Muralidhara Rao. Lb.		
Project Manager's Sign	L. Dora 70/12/09	Admin Officer's Sign	[Signature]

Note: Original ATR should be sent to CR & a copy to MD. CR to file original in customer's file.

Complaint S No.	Action Taken
1	We have given instructions to company electrician and informed to Admin Office.

Note: 1. Keep the report brief. 2. Do not repeat the complaint. 3. Use terms like "Work completed", "Changes not permitted - work not taken up", "Kept pending at customer's request", "Beyond our scope of work", etc.

[Signature]



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2C Block Complaint

COMPLAINT & SUGGESTIONS FORM.

Flat / bungalow No.	2C-309	Date	28-12-2009
Project	PMR		
Customer Name	A. Venkateshwarlu		
Customer Sign			
Phone No.	9989394491	email	

For office use only. (Do not write here)

Received by:	Sign	Date:
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Note: 1. Original should be sent to Accountant for filing & a copy each to MD & CR. 2. Give a serial number to each complaint. 3. CR can attach copy of this form for emails & other complaints received.

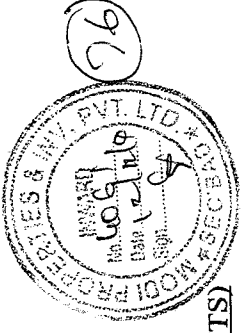
S No	Complaints & Suggestions
①	Bore water overflow; It is overflowing more than one hour, It causes <del>water</del> wasting electricity power, thereby <del>more</del> increasing more maintenance. Take <del>im</del> action on this issue. The water is first flow on top of block then falling to down.

Quality Control Check Repot.                      For ATR on Complaints.

Flat / bungalow No.		B-306		ATR Date		30/12/09	
Project		PMR		Complaint Date		20/11/09	
Customer Name							
Prepared by		G. vijay Raj		Date		12/01/10	
Project Manager		Subba Reddy		Date		11/01/10	
HO receipt date				Sign			
Checked by MD on		21/1/10		MD Sign		h	
MD's Remarks:							
CR to send letter to customer				Yes <input type="checkbox"/> No <input type="checkbox"/>		For filling	
						Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

Note: CR will send a copy of ATR and complaint to QC immediately after the receipt of the ATR. QC will send their report on the ATR to the MD within 3 working days. Aruna to file to file it in MDs pending complaints file.

Complaint S No.	Quality of action taken by Site Engg on complaint?	If action on the complaint was not taken then, was the reason for not taking action justified?
1.	<input checked="" type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.	<input checked="" type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.	<input checked="" type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.	<input type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad	<input type="checkbox"/> Yes <input type="checkbox"/> No
5.	<input type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad	<input type="checkbox"/> Yes <input type="checkbox"/> No
6.	<input type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad	<input type="checkbox"/> Yes <input type="checkbox"/> No
7.	<input type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad	<input type="checkbox"/> Yes <input type="checkbox"/> No
8.	<input type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad	<input type="checkbox"/> Yes <input type="checkbox"/> No
9.	<input type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad	<input type="checkbox"/> Yes <input type="checkbox"/> No
10.	<input type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad	<input type="checkbox"/> Yes <input type="checkbox"/> No
11.	<input type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad	<input type="checkbox"/> Yes <input type="checkbox"/> No
12.	<input type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad	<input type="checkbox"/> Yes <input type="checkbox"/> No
Remarks:		



ACTION TAKEN REPORT (FOR COMPLAINTS)

Flat / bungalow No.	P-306.	ATR Date	21/2/09
Project	Pa Rasnoud Redhym	Complaint Date	26/1/09
Customer Name	N.S. Maivi		
Prepared By	Ch. Venkateswar Rao	Admin Officer's Sign	[Signature]
Project Manager's Sign	[Signature]		

Note: Original ATR should be sent to CR & a copy to MD. CR to file original in customer's file.

Complaint S No.	Action Taken
1	Work Completed
2	Work Completed
3	Work Completed

Note: 1. Keep the report brief. 2. Do not repeat the complaint. 3. Use terms like "Work completed", "Changes not permitted - work not taken up", "Kept pending at customer's request", "Beyond our scope of work", etc.

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COMPLAINT & SUGGESTIONS FORM.

Flat / bungalow No.	B-306	Date	20/11/09
Project			
Customer Name	R.S. MALVI <del>RENT</del>		
Customer Sign	<i>[Signature]</i>		
Phone No.	3295048	email	

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Received by:	Sign	Date:
	<i>[Signature]</i>	

Note: 1. Original should be sent to Accountant for filing & a copy each to MD & CR. 2. Give a serial number to each complaint. 3. CR can attach copy of this form for emails & other complaints received.

S No.	Complaints & Suggestions
1	switch not working
2	drinking water tap not working
3	halder not working



**Quality Control Check Report.**

**For ATR on Complaints.**

Flat / bungalow No.	16   307.	ATR Date	25/2/10
Project	Panorama Residency	Complaint Date	25/2/10
Customer Name	Harsh Kishor.		
Prepared by	Mawalenshiw	Date	10/3/10
Project Manager	Sobby Reddy	Date	10/3/10
HO receipt date		Sign	<i>[Signature]</i>
Checked by MD on	<i>[Signature]</i>	MD Sign	26/3/10
MD's Remarks:			
CR to send letter to customer	<input type="checkbox"/> Yes <input type="checkbox"/> No	For filling	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

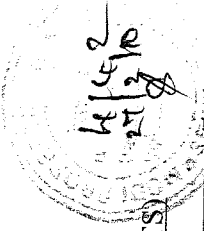
Note: CR will send a copy of ATR and complaint to QC immediately after the receipt of the ATR. QC will send their report on the ATR to the MD within 3 working days. Aruna to file it in MDs pending complaints file.

Complaint S No.	Quality of action taken by Site Engg on complaint?	If action on the complaint was not taken then, was the reason for not taking action justified?
1.	<input checked="" type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.	<input type="checkbox"/> Good <input checked="" type="checkbox"/> Avg. <input type="checkbox"/> Bad	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.	<input checked="" type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.	<input type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad	<input type="checkbox"/> Yes <input type="checkbox"/> No
5.	<input type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad	<input type="checkbox"/> Yes <input type="checkbox"/> No
6.	<input type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad	<input type="checkbox"/> Yes <input type="checkbox"/> No
7.	<input type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad	<input type="checkbox"/> Yes <input type="checkbox"/> No
8.	<input type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad	<input type="checkbox"/> Yes <input type="checkbox"/> No
9.	<input type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad	<input type="checkbox"/> Yes <input type="checkbox"/> No
10.	<input type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad	<input type="checkbox"/> Yes <input type="checkbox"/> No
11.	<input type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad	<input type="checkbox"/> Yes <input type="checkbox"/> No
12.	<input type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad	<input type="checkbox"/> Yes <input type="checkbox"/> No

Remarks: 1) For Complaint 2) Still some dampness is observed below kitchen sink.

*[Signature]* ↑ corrected.

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ACTION TAKEN REPORT (FOR COMPLAINTS)

Flat / bungalow No.	1C-307	ATR Date	25/2/10
Project	Paramount Residency	Complaint Date	25/2/10
Customer Name	Ham Kishore		
Prepared By	Venkateshwaraj Rad.		
Project Manager's Sign	Robustopala	Admin Officer's Sign	

Note: Original ATR should be sent to CR & a copy to MD. CR to file original in customer's file.

Complaint S No.	Action Taken
1	Work completed
2	Work completed
3	work complete

Note: 1. Keep the report brief. 2. Do not repeat the complaint. 3. Use terms like "Work completed", "Changes not permitted - work not taken up", "Kept pending at customer's request", "Beyond our scope of work", etc.

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442  
27/10/10

**COMPLAINT & SUGGESTIONS FORM.**

Flat / bungalow No.	1-C, 307	Date	25-02-10
Project	PM2 @		
Customer Name	P. Hari Kishore		
Customer Sign	for P. Hari Kishore email		
Phone No.	x 9490474332		

For office use only. (Do not write here)

Received by: SRM Sign: [Signature] Date: 25/02/10

Note: 1. Original should be sent to Accountant for filing & a copy each to MD & CR. 2. Give a serial number to each complaint. 3. CR can attach copy of this form for emails & other complaints received.

S No	Complaints & Suggestions
✓ 1	Kitchen Sink water tap leakage (SOUND)
✓ 2	Kitchen Sink Bottom leakage.
✓ 3	Wash basin tap leakage in toilet.

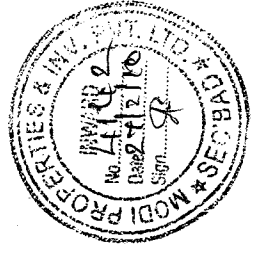
**Quality Control Check Repot. For ATR on Complaints.**

Flat / bungalow No.		2C/102		ATR Date		25/2/10	
Project		Dhanwanth Residency		Complaint Date		22/2/10	
Customer Name Suresh							
Prepared by		M Ramakrishna		Date		10/2/10	
Project Manager		Sobba Reddy		Date		10/3/10	
HO receipt date				Sign			
Checked by MD on		26/3/10		MD Sign		w	
MD's Remarks:							
CR to send letter to customer		<input type="checkbox"/> Yes <input type="checkbox"/> No		For filling		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

Note: CR will send a copy of ATR and complaint to QC immediately after the receipt of the ATR. QC will send their report on the ATR to the MD within 3 working days. Aruna to file to file it in MDs pending complaints file.

Complaint S No.	Quality of action taken by Site Engg on complaint?	If action on the complaint was not taken then, was the reason for not taking action justified?
1.	<input checked="" type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.	<input checked="" type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.	<input checked="" type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.	<input type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
5.	<input type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad	<input type="checkbox"/> Yes <input type="checkbox"/> No
6.	<input type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad	<input type="checkbox"/> Yes <input type="checkbox"/> No
7.	<input type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad	<input type="checkbox"/> Yes <input type="checkbox"/> No
8.	<input type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad	<input type="checkbox"/> Yes <input type="checkbox"/> No
9.	<input type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad	<input type="checkbox"/> Yes <input type="checkbox"/> No
10.	<input type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad	<input type="checkbox"/> Yes <input type="checkbox"/> No
11.	<input type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad	<input type="checkbox"/> Yes <input type="checkbox"/> No
12.	<input type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad	<input type="checkbox"/> Yes <input type="checkbox"/> No

Remarks: (1) for complaint (A) Customer is asking increase the weight of tap to 20" ~~in~~ in kitchen.   
 ↑ not possible.



**ACTION TAKEN REPORT (FOR COMPLAINTS)**

Flat / bungalow No.	2c/102	ATR Date	25/4/10
Project	Bangnur Kenkey	Complaint Date	22/2/10
Customer Name	Suresh		
Prepared By	Venug Krishnam		
Project Manager's Sign	Admin 25/4/10	Admin Officer's Sign	<i>[Signature]</i>

Note: Original ATR should be sent to CR & a copy to MD. CR to file original in customer's file.

Complaint S No.	Action Taken
1	work completed
2	work completed
3	work completed
4	work completed

Note: 1. Keep the report brief. 2. Do not repeat the complaint. 3. Use terms like "Work completed", "Changes not permitted - work not taken up", "Kept pending at customer's request", "Beyond our scope of work", etc.



COMPLAINT & SUGGESTIONS FORM.

Flat / bungalow No.	2C102,	Date	22/2/10.
Project	Pmp.		
Customer Name	K. Suresh.		
Customer Sign	<i>K. Suresh</i>		
Phone No.	9652184586	email	

For office use only. (Do not write here)

Received by: <u>S. Ramachandran</u>	Sign <i>[Signature]</i>	Date: <u>22-2-10</u>
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Note: 1. Original should be sent to Accountant for filing & a copy each to MD & CR. 2. Give a serial number to each complaint. 3. CR can attach copy of this form for emails & other complaints received.

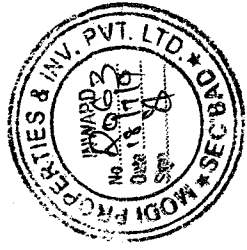
S No	Complaints & Suggestions
✓ 1)	Bed Room both Room Electricity Connection - (wrong)
✓ 2)	Hall bath Room Electricity Connection - (wrong)
✓ 3)	Hall both Room door key not working (strong)
✓ 4)	Kitchen tap uncomfortable + my suggestions: height <sup>top</sup> granite in kitchen <sup>water</sup> toward slop water flow kitchen... my suggestion: kitchen = ward small peltic container. <i>Neeramich</i>

Quality Control Check Repot. For ATR on Complaints.

Flat / bungalow No.	2c/305	ATR Date	
Project	PMR	Complaint Date	6.7.09
Customer Name	ANUP KUMAR		
Prepared by	G. VIJAY EAJ	Date	13/8/09
Project Manager	SUBBA REDDY	Date	13/8/09
HO receipt date		Sign	<i>[Signature]</i>
Checked by MD on		MD Sign	
MD's Remarks:			
CR to send letter to customer	<input type="checkbox"/> Yes <input type="checkbox"/> No	For filling	<input type="checkbox"/> Yes <input type="checkbox"/> No

Note: CR will send a copy of ATR and complaint to QC immediately after the receipt of the ATR. QC will send their report on the ATR to the MD within 3 working days. Aruna to file to file it in MDs pending complaints file.

Complaint S No.	Quality of action taken by Site Engg on complaint?	If action on the complaint was not taken then, was the reason for not taking action justified?
1.	<input checked="" type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.	<input checked="" type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.	<input type="checkbox"/> Good <input checked="" type="checkbox"/> Avg. <input type="checkbox"/> Bad	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.	<input checked="" type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad	<input type="checkbox"/> Yes <input type="checkbox"/> No
5.	<input checked="" type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad	<input type="checkbox"/> Yes <input type="checkbox"/> No
6.	<input type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad	<input type="checkbox"/> Yes <input type="checkbox"/> No
7.	<input type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad	<input type="checkbox"/> Yes <input type="checkbox"/> No
8.	<input type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad	<input type="checkbox"/> Yes <input type="checkbox"/> No
9.	<input type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad	<input type="checkbox"/> Yes <input type="checkbox"/> No
10.	<input type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad	<input type="checkbox"/> Yes <input type="checkbox"/> No
11.	<input type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad	<input type="checkbox"/> Yes <input type="checkbox"/> No
12.	<input type="checkbox"/> Good <input type="checkbox"/> Avg. <input type="checkbox"/> Bad	<input type="checkbox"/> Yes <input type="checkbox"/> No
Remarks: ③ Complaint no. 3, Complaint attended and Rectified in Bed Room, Utility, Kitchen. Still Marble slab cracks to be attended in Drawing Room.		



ACTION TAKEN REPORT (FOR COMPLAINTS)

Flat / bungalow No.	201 305	ATR Date	
Project	PMR	Complaint Date	6-7-09.
Customer Name	ANUR KUMAR.		
Prepared By	CH. VENKATSWARA Rao.		
Project Manager's Sign		Admin Officer's Sign	

Note: Original ATR should be sent to CR & a copy to MD. CR to file original in customer's file.

Complaint S No.	Action Taken
1.	Completed.
2	Completed
3.	EXCEPT drawing, <del>but</del> ALL are completed since drawing is not necessary only a <del>small</del> line is there.
4	this is same as 3 <sup>rd</sup> complaint he has repeated the complaint.
5.	Completed.
Ch	

Note: 1. Keep the report brief. 2. Do not repeat the complaint. 3. Use terms like "Work completed", "Changes not permitted - work not taken up", "Kept pending at customer's request", "Beyond our scope of work", etc.



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**COMPLAINT & SUGGESTIONS FORM.**

Flat / bungalow No.	2C, 305	Date	6/7/09
Project	PMR		
Customer Name	ANUP KUMAR		
Customer Sign	<i>ANUP</i>		
Phone No.	9052995088	email	

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Received by: S. R. Arora Sign: *SR* Date: 6/7/09

Note: 1. Original should be sent to Accountant for filing & a copy each to MD & CR. 2. Give a serial number to each complaint. 3. CR can attach copy of this form for emails & other complaints received.

S No	Complaints & Suggestions
✓ 1.	Utility Area, drainage - slant of tiles
✓ 2.	Bedroom - slant of tiles - rectify
✓ 3.	Red marble slabs cracked/chipped (Drawing room, Bedroom, Utility Area, Kitchen)
✓ 4.	Patch up work - B/Room, P/Room, Kitchen
✓ 5.	Re-install open platform (kitchen) - (Amount paid).

*8*  
6/7/09  
11-28102-11

