

### ACTION TAKEN REPORT (FOR COMPLAINTS)

|                        |            |                      |            |
|------------------------|------------|----------------------|------------|
| Flat / bungalow No.    | C-105      | ATR Date             | 16-02-2024 |
| Project                | GMR        | Complaint Date       | 01-02-2024 |
| Customer Name          | Uday       | Com.ID.no:           | 14152      |
| Prepared By            | Srinivas   |                      |            |
| Project Manager's Sign | K.Narender | Admin Officer's Sign | Meenakshi  |

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

[illegible]

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



2/1/24, 12:21 PM

Yahoo Mail - Complaints And Suggestions from Gulmohar Residency

## Complaints And Suggestions from Gulmohar Residency

From: Gulmohar Residency (info@modiproperties.com)

To: cr@modiproperties.com; feedback@modiproperties.com; kprasad@modiproperties.com;  
gbrambabu@modiproperties.com; gmr-const@modiproperties.in; uday\_kithoju@yahoo.co.in

Date: Thursday, February 1, 2024 at 12:20 PM GMT+5:30

Complaint Id : 878090

Project Name : Gulmohar Residency

Block No / Phase : Block C

Flat No/Villa :105

Nature of complaint :Construction

Customer Name : Uday

Email : uday\_kithoju@yahoo.co.in

Complaints :

1. Pending grouting not completed in flat till now, we occupied flat since one month. Please complete at an earliest

### Note:

1. Please allow atleast two weeks for us to attend your complaint.
2. In general written response / reply to complaints shall not be given.
3. In case the complaint is not attended to for over two weeks customers are requested to send a reminder using the form given.



### ACTION TAKEN REPORT (FOR COMPLAINTS)

|                        |             |                      |              |
|------------------------|-------------|----------------------|--------------|
| Flat / bungalow No.    | C-105       | ATR Date             | 31-01-24     |
| Project                | GMR         | Complaint Date       | 27-01-24     |
| Customer Name          | Mr.Uday     | Com.ID.no:           | <b>14141</b> |
| Prepared By            | B.Meenakshi |                      |              |
| Project Manager's Sign | K.Narender  | Admin Officer's Sign | Meenakshi    |

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

[illegible]

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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From: Gulmohar Residency (info@modiproperties.com)

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gbrambabu@modiproperties.com; gmr-const@modiproperties.in; uday\_kithoju@yahoo.co.in

Date: Saturday, January 27, 2024 at 12:04 PM GMT+5:30

Complaint Id : 244168

Project Name : Gulmohar Residency

Block No / Phase : Block C

Flat No/Villa :105

Nature of complaint :Construction

Customer Name : Mr. Uday

Email : uday\_kithoju@yahoo.co.in

Complaints :

1. In commom washroom water leaking from roof, please attend immediately

### Note:

1. Please allow atleast two weeks for us to attend your complaint.
2. In general written response / reply to complaints shall not be given.
3. In case the complaint is not attended to for over two weeks customers are requested to send a reminder using the form given.



|                    |          |                 |             |             |                                                          |
|--------------------|----------|-----------------|-------------|-------------|----------------------------------------------------------|
| Flat No            | C-105    | QC report stage | stage 1     | Sl. No.     | 41087                                                    |
| Company            | MR MUP   | Project         | 6 mb        | Phase       | -                                                        |
| Prepared by        | Menafish | Sign            | [Signature] | Date        | 28/7/23                                                  |
| Project Manager    | Narinder | Sign            | [Signature] | Date        | 28/7/23                                                  |
| Receipt by QC date |          | Sign            |             | Other       |                                                          |
| Receipt at HO date |          | Sign            |             | Other       |                                                          |
| Checked By MD on   |          | MD Sign         |             | For filling | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Recommendation that was made by QC:  
☐ Stop further work. Submit ATR on QC report to QC team. Proceed only after recheck by QC.  
☒ Stop further work. Proceed with work after submitting ATR on QC report to QC team.

Notes:

1. Attach a copy of the QC report to this sheet.
2. Circle each correction with a red pen - tick (✓) each circle for work completed and cross (X) each circle where work has not been completed.
3. Give remarks for each case where work has not completed on this sheet.
4. Make 2 copied of the ATR - send one to MD and other to QC.
5. Enclose required photographs - hard copy.

Remarks:

Works completed



|                           |                |         |       |                               |                                                                     |
|---------------------------|----------------|---------|-------|-------------------------------|---------------------------------------------------------------------|
| Flat No                   | C-105          | Other   |       | SI. No.                       | 41987                                                               |
| Company                   | MEM-LEP        | Project | QAR   | Phase                         |                                                                     |
| Prepared by               | SAIKIRAN       | Sign    |       | Date                          | 23-06-2023                                                          |
| Project Manager           | NARENDA PREDDY | Sign    |       | Date                          | 23-06-2023                                                          |
| Previous stage report no. |                |         | 40973 | Report filed and signed by PM | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| Checked By MD on          |                | MD Sign |       | For filling                   | <input type="checkbox"/> Yes <input type="checkbox"/> No            |

#### Recommendation:

- ☐ Stop further work. Submit ATR on QC report to QC team. Proceed only after recheck by QC.
- ☒ Stop further work. Proceed with work after submitting ATR on QC report to QC team.
- ☐ Proceed with further work only after making corrections pointed out in the QC report. ATR not required.
- ☐ Proceed with further work. ATR not required.

#### Inspection should be done after:

- Completing stage II works.
- Complete works like doors, windows, grills, electrical wiring, switches, french door glass, etc.
- In case of modular kitchen provide platform, granite and dado and modular kitchen in this stage.
- Provide video door phone in this stage.
- Possession for wood work cannot be given until QC check for stage III is completed and all corrections mentioned in the report are made.

Certified that all corrections mentioned in the QC Report have been completed. Work can Proceed to next Stage.

|                   |      |      |
|-------------------|------|------|
| Project In-charge | Sign | Date |
|                   |      |      |

#### Miscellaneous check:

|                                                                  |                                                                                                     |                                                         |                                                                                          |
|------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|---------------------------------------------------------|------------------------------------------------------------------------------------------|
| Modular kitchen to be provided                                   | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No                                 | Modular kitchen provided                                | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                      |
| Modular kitchen workman ship                                     | <input type="checkbox"/> Good <input type="checkbox"/> Avg <input type="checkbox"/> Poor            | Modular kitchen granite & dado workman ship & finishing | <input type="checkbox"/> Good <input type="checkbox"/> Avg <input type="checkbox"/> Poor |
| Video door phone /wifi cam to be provided                        | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No                                 | Video door phone/wifi cam provided                      | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                      |
| Painting marks and drops are cleaned from floor, windows, walls. | <input type="checkbox"/> Good <input checked="" type="checkbox"/> Avg <input type="checkbox"/> Poor |                                                         |                                                                                          |



|                           |            |                               |             |                                                                     |
|---------------------------|------------|-------------------------------|-------------|---------------------------------------------------------------------|
| Flat No                   | C-105      | Other                         | Sl. No.     | 40973                                                               |
| Company                   | MRM-CLP    | Project                       | Phase       | -                                                                   |
| Prepared by               | P. Bhaskar | Sign                          | Date        | 16-12-22                                                            |
| Project Manager           | Rampasad   | Sign                          | Date        | 16-12-22                                                            |
| Previous stage report no. | 39157      | Report filed and signed by PM |             | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| Checked By MD on          |            | MD Sign                       | For filling | <input type="checkbox"/> Yes <input type="checkbox"/> No            |

#### Recommendation:

- ☐ Stop further work. Submit ATR on QC report to QC team. Proceed only after recheck by QC.
- ☐ Stop further work. Proceed with work after submitting ATR on QC report to QC team.
- ☒ Proceed with further work only after making corrections pointed out in the QC report. ATR not required.
- ☐ Proceed with further work. ATR not required.

#### Inspection should be done after:

- Completion of flooring, bathroom /utility tiles, first coat of paint.
- Completion of doors, windows, grills, electrical wiring, switches must be done in next stage
- False ceiling must be completed before flooring.
- Kitchen platform, granite and dado must be completed where modular kitchen is not provided.
- Provide granite soffit for main door and balconies in this stage.

#### Miscellaneous check:

|                                       |                                                                                                     |                                         |                                                                                                     |
|---------------------------------------|-----------------------------------------------------------------------------------------------------|-----------------------------------------|-----------------------------------------------------------------------------------------------------|
| Main door fixed with lock & stopper   | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No                                 | Granite soffit for balcony provided     | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No                                 |
| Granite soffit for balcony required   | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No                                 | Balcony granite soffit edge polishing   | <input type="checkbox"/> Good <input checked="" type="checkbox"/> Avg <input type="checkbox"/> Poor |
| Balcony granite soffit workmanship    | <input type="checkbox"/> Good <input checked="" type="checkbox"/> Avg <input type="checkbox"/> Poor | Granite soffit for main door provided   | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No                                 |
| Granite soffit for main door required | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No                                 | Main door granite soffit edge polishing | <input type="checkbox"/> Good <input checked="" type="checkbox"/> Avg <input type="checkbox"/> Poor |
| Main door granite soffit workmanship  | <input type="checkbox"/> Good <input checked="" type="checkbox"/> Avg <input type="checkbox"/> Poor |                                         |                                                                                                     |

Certified that all corrections mentioned in the QC Report have been completed. Work can Proceed to next Stage.

|                   |      |      |
|-------------------|------|------|
| Project In-charge | Sign | Date |
|                   |      |      |



| Tiling & granite work |                           | Rate the quality of (Good ✓, Avg. X, Poor – needs correction XX, NA) |                                        |                   |                      |                           |                            |                                     |                            |                     |                                               |                        |                         |                                  |
|-----------------------|---------------------------|----------------------------------------------------------------------|----------------------------------------|-------------------|----------------------|---------------------------|----------------------------|-------------------------------------|----------------------------|---------------------|-----------------------------------------------|------------------------|-------------------------|----------------------------------|
| S No                  | Room                      | Workmanship of tiling                                                | White cement filling around CPVC lines | Corners finishing | Finishing near doors | Finishing on top of tiles | Finishing near ventilators | Step at bathroom entrance / utility | Step for shower / pot wash | Tile joint grouting | Granite platform finishing and edge polishing | Granite platform slope | Granite platform height | Finishing under granite platform |
| 1                     | Toilet 1                  | ✓                                                                    | XX                                     | ✓                 | ✓                    | X                         | ✓                          | ✓                                   | ✓                          | ✓                   | ✓                                             | ✓                      | ✓                       | ✓                                |
| 2                     | Toilet 2                  | ✓                                                                    | XX                                     | ✓                 | ✓                    | X                         | ✓                          | ✓                                   | ✓                          | X                   | ✓                                             | ✓                      | ✓                       | ✓                                |
| 3                     | Toilet 3                  | ✓                                                                    | XX                                     | ✓                 | ✓                    | ✓                         | ✓                          | ✓                                   | ✓                          | ✓                   | ✓                                             | ✓                      | ✓                       | ✓                                |
| 4                     | Toilet 4                  | ✓                                                                    | ✓                                      | ✓                 | ✓                    | ✓                         | ✓                          | ✓                                   | ✓                          | ✓                   | ✓                                             | ✓                      | ✓                       | ✓                                |
| 5                     | Wash basin in dining area | ✓                                                                    | ✓                                      | ✓                 | ✓                    | ✓                         | ✓                          | ✓                                   | ✓                          | ✓                   | ✓                                             | ✓                      | ✓                       | ✓                                |
| 6                     | Kitchen                   | ✓                                                                    | ✓                                      | X                 | ✓                    | ✓                         | ✓                          | ✓                                   | ✓                          | ✓                   | ✓                                             | ✓                      | ✓                       | ✓                                |
| 7                     | Utility                   | ✓                                                                    | XX                                     | ✓                 | ✓                    | ✓                         | ✓                          | ✓                                   | ✓                          | ✓                   | ✓                                             | ✓                      | ✓                       | ✓                                |
| 8                     | Other                     |                                                                      |                                        |                   |                      |                           |                            |                                     |                            |                     |                                               |                        |                         |                                  |
| 9                     | Other                     |                                                                      |                                        |                   |                      |                           |                            |                                     |                            |                     |                                               |                        |                         |                                  |

Remarks 1) provision for modular kitchen. 2) false ceiling works in the Bath Toilet  
were not done



Construction Division  
Additions & Alteration Charges Approval Form

|                 |                                    |        |                    |
|-----------------|------------------------------------|--------|--------------------|
| any Name:       | MRMLLP                             | Site   | Gulmohar Residency |
| of the customer | C-105 (k. Uday kumar Swapna)       |        |                    |
| Flat No.        | C-105                              |        |                    |
| No              | Description                        | Amount |                    |
|                 | Total extra Charges                | 40180  |                    |
|                 | Total refundable amount            | —      |                    |
|                 | Net amount to be charges (if any)  | 40180  |                    |
|                 | Net amount to be refunded (if any) | —      |                    |

ks : Extra Charges  
Towards flooring tiles .

|                                                                   |                         |                |
|-------------------------------------------------------------------|-------------------------|----------------|
| Approved by Project Manager                                       | Approved by Design Team | Approved by MD |
| <div style="font-size: 1.2em; font-weight: bold;">16/7/2023</div> | Date                    | Date           |
|                                                                   | Sign:                   | Sign:          |

1. Enclose measurement & estimate sheet. 2. Send scanned copy by email to [plans@modiproperties.com](mailto:plans@modiproperties.com) & CR. 3.   
 Main originals in A&A of customers at site.



# ESTIMATE SHEET

|                                                            |                                                      |                                                                                                                           |          |       |      |          |  |  |  |
|------------------------------------------------------------|------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------|----------|-------|------|----------|--|--|--|
| Company Name:                                              | MRMLLP                                               |                                                                                                                           |          |       |      |          |  |  |  |
| Project:                                                   | Gulmohar Residency                                   |                                                                                                                           |          |       |      |          |  |  |  |
| Work Description:                                          | Extra Specs                                          |                                                                                                                           |          |       |      |          |  |  |  |
| Flat No.                                                   | C-105 (K Uday Kumar Swapna)                          |                                                                                                                           |          |       |      |          |  |  |  |
| Prepared By                                                | Srinivas N                                           |                                                                                                                           |          |       |      |          |  |  |  |
| Date:                                                      | 06-07-2023                                           |                                                                                                                           |          |       |      |          |  |  |  |
| S No.                                                      | Item Head                                            | Item Description                                                                                                          | Quantity | Units | Rate | Amount   |  |  |  |
| 1                                                          | Regal Beige tiles 4' x 2' Flooring (Living & Dining) | Regal Beige tiles 4' x 2' Flooring (Living & Dining<br>MBR, Children Bed Room, Guest Bedroom,<br>Kitchen 68 % of 1660 sft | 1128     | Sft   | 35   | 39480.00 |  |  |  |
| 2                                                          | Skirting                                             | Skirting - 21 % of SBUA 1660 sft                                                                                          | 97       | Sft   | 35   | 3395.00  |  |  |  |
|                                                            | Deduct balcony area                                  | Balcony area                                                                                                              | -77      | sft   | 35   | -2695.00 |  |  |  |
|                                                            |                                                      | Total Amount                                                                                                              |          |       |      | 40180    |  |  |  |
| In words Forty Thousand One Hundred and Eighty Rupees only |                                                      |                                                                                                                           |          |       |      |          |  |  |  |

AM



# STIMATE SHEET

| ESTIMATE SHEET    |                                                      |                                                                                                                              |             |            |             |          |                       |            |  |
|-------------------|------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------|-------------|------------|-------------|----------|-----------------------|------------|--|
| Company Name:     | MRM LLP                                              |                                                                                                                              |             |            |             |          |                       |            |  |
| Project:          | Gulmohar Residency                                   |                                                                                                                              |             |            |             |          |                       |            |  |
| Work Description: | Extra Specs                                          |                                                                                                                              |             |            |             |          |                       |            |  |
| Est No.           | C-105 (K Uday Kumar Swapna)                          |                                                                                                                              |             |            |             |          |                       |            |  |
| Prepared By       | Srinivas N                                           |                                                                                                                              |             |            |             |          |                       |            |  |
| Date:             | 06-07-2023                                           |                                                                                                                              |             |            |             |          |                       |            |  |
| S No.             | Item Head                                            | Item Description                                                                                                             | A<br>Length | B<br>Width | C<br>Height | D<br>Nos | E=AXBXCXD<br>Quantity | F<br>Units |  |
| 1                 | Regal Beige tiles 4' x 2' Flooring (Living & Dining) | Regal Beige tiles 4' x 2' Flooring (Living & Dining),<br>MBR, Children Bed Room, Guest Bedroom,<br>Kitchen 68 % of 1660 sqft | 1128        | 1          | 1           | 1        | 1128                  | Sqft       |  |
| 2                 | Skirting                                             | Skirting - 21 % of SBUA 1660 sqft                                                                                            | 97          | 1          | 1           | 1        | 97                    | Sqft       |  |
|                   | Deduct balcony area                                  | Balcony area                                                                                                                 | -11         | 7          | 1           | 1        | -77                   | Sqft       |  |



|                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |             |         |                                          |                                                                     |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|---------|------------------------------------------|---------------------------------------------------------------------|
| Flat No.                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | C-105       | Other   | SI. No.                                  | 39157                                                               |
| Company                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | MRM-(LLP)   | Project | Phase                                    | -                                                                   |
| Prepared by                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | P. Bhargava | Sign    | Date                                     | 12-01-22                                                            |
| Project Manager                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Ram Prasad  | Sign    | Date                                     | 12-01-22                                                            |
| Previous stage report no.                                                                                                                                                                                                                                                                                                                                                                                                                                                   |             | 38989   | Report filed and signed by PM?           | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| Additions & alterations sheet date                                                                                                                                                                                                                                                                                                                                                                                                                                          |             | 313121  | All pages signed by engineer & customer? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| Checked By MD on                                                                                                                                                                                                                                                                                                                                                                                                                                                            |             | MD Sign | For filling                              | <input type="checkbox"/> Yes <input type="checkbox"/> No            |
| Recommendation:<br><input type="checkbox"/> Stop further work. Submit ATR on QC report to QC team. Proceed only after recheck by QC.<br><input type="checkbox"/> Stop further work. Proceed with work after submitting ATR on QC report to QC team.<br><input checked="" type="checkbox"/> Proceed with further work only after making corrections pointed out in the QC report. ATR not required.<br><input type="checkbox"/> Proceed with further work. ATR not required. |             |         |                                          |                                                                     |

Inspection should be done after:

- after cleaning the apartment.
- before starting painting, tiling & flooring.
- electrical conduct, waterproofing & plumbing work is completed (for stage II only).
- additions & alterations is finalized and signed. In case there are no additions and alterations printout of email by PM to CR confirming the same must be filed.
- additions & alterations sheets to be transferred to QC file. QC to check if A&A are made as per request.

After Plumbing & Electrical 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. Location of CPVC & PVC fittings must be checked as per measurements given in circular. Tolerance 1".
6. Location, height and spirit level of electrical points must be checked as per measurements given in circular & plan. Tolerance 1".
7. Civil work near pipes in balcony & utility must be neat and mortar should be removed from the pipes.
8. Water proofing must cover all pipes & check height above SFL.
9. Fasteners must be used as specified in circular. Especially check fixing of PVC pipes.
10. Height of DB box must be 6" below false ceiling level or 12" below slab level.
11. In case of many changes in civil work, electrical work and plumbing work, a new drawing must be prepared at HO and approved by MD.

Certified that all corrections mentioned in the QC Report have been completed. Work can proceed to next stage.  
 Project In-charge Sign Date 22/01/22



| No | Room                | Civil work near pipes in balcony & utility <sup>7</sup> (✓ or X) | CPVC & PVC Check <sup>5</sup> (✓ or X) | Electrical points check <sup>6</sup> (✓ or X) | Water proofing check <sup>8</sup> (✓ or X) | Proper use of fasteners check <sup>9</sup> (✓ or X) | Placement of DB <sup>10</sup> (✓ or X) | Placement of Generator changeover (✓ or X) |
|----|---------------------|------------------------------------------------------------------|----------------------------------------|-----------------------------------------------|--------------------------------------------|-----------------------------------------------------|----------------------------------------|--------------------------------------------|
| 1  | Bedroom-1 M.B       | -                                                                | -                                      | ✓                                             | -                                          | -                                                   | -                                      | -                                          |
| 2  | Toilet-1 M-Toi      | -                                                                | ✓                                      | ✓                                             | ✓                                          | -                                                   | -                                      | -                                          |
| 3  | Bedroom-2 K.Bd      | -                                                                | -                                      | ✓                                             | -                                          | -                                                   | -                                      | -                                          |
| 4  | Toilet-2 C-Toi      | -                                                                | ✓                                      | ✓                                             | ✓                                          | -                                                   | -                                      | -                                          |
| 5  | Bedroom-3 M.Bd      | -                                                                | -                                      | ✓                                             | -                                          | -                                                   | -                                      | -                                          |
| 6  | Toilet-3            | -                                                                | -                                      | -                                             | -                                          | -                                                   | -                                      | -                                          |
| 7  | Drawing             | -                                                                | -                                      | ✓                                             | -                                          | -                                                   | -                                      | -                                          |
| 8  | Dining              | -                                                                | -                                      | ✓                                             | -                                          | -                                                   | ✓                                      | -                                          |
| 9  | Lobby-1 Pooja       | -                                                                | -                                      | ✓                                             | -                                          | -                                                   | -                                      | -                                          |
| 10 | Utility / balcony 1 | ✓                                                                | ✓                                      | ✓                                             | ✓                                          | -                                                   | -                                      | -                                          |
| 11 | Utility / balcony 2 | X                                                                | ✓                                      | ✓                                             | -                                          | ✓                                                   | -                                      | -                                          |
| 12 | Utility / balcony 3 | -                                                                | -                                      | -                                             | -                                          | -                                                   | -                                      | -                                          |
| 13 | Kitchen             | -                                                                | ✓                                      | ✓                                             | -                                          | -                                                   | -                                      | -                                          |
| 14 | Other               | -                                                                | -                                      | -                                             | -                                          | -                                                   | -                                      | -                                          |
| 15 | Other               | -                                                                | -                                      | -                                             | -                                          | -                                                   | -                                      | -                                          |

Remarks

1) one cart of Hyppam provided, As per customer's request. Some electric and plumbing points were changed, Greyse switch board missing in C-Toi.

Remarks on additions & alteration sheet:

|                                  |                                                                     |                                   |                                                                     |
|----------------------------------|---------------------------------------------------------------------|-----------------------------------|---------------------------------------------------------------------|
| Signed by engineer,              | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Signed by customer,               | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| Revised drawing required from HO | <input type="checkbox"/> Yes <input type="checkbox"/> No            | Approved revised drawing attached | <input type="checkbox"/> Yes <input type="checkbox"/> No            |



|                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |            |         |                   |                                |                                                                     |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|---------|-------------------|--------------------------------|---------------------------------------------------------------------|
| Flat No.                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | C-105]     | Other   | -                 | Sl. No.                        | 38989                                                               |
| Company                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | MRM-(LLP)  | Project | GMR               | Phase                          | -                                                                   |
| Prepared by                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | P Bhaskar  | Sign    | <i>P Bhaskar</i>  | Date                           | 14-12-21                                                            |
| Project Manager                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Ram Prasad | Sign    | <i>Ram Prasad</i> | Date                           | 14-12-21                                                            |
| Previous stage report no.                                                                                                                                                                                                                                                                                                                                                                                                                                                   |            |         | 38731             | Report filed and signed by PM? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| Checked By MD on                                                                                                                                                                                                                                                                                                                                                                                                                                                            |            |         | MD Sign           | For filling                    | <input type="checkbox"/> Yes <input type="checkbox"/> No            |
| Recommendation:<br><input type="checkbox"/> Stop further work. Submit ATR on QC report to QC team. Proceed only after recheck by QC.<br><input type="checkbox"/> Stop further work. Proceed with work after submitting ATR on QC report to QC team.<br><input checked="" type="checkbox"/> Proceed with further work only after making corrections pointed out in the QC report. ATR not required.<br><input type="checkbox"/> Proceed with further work. ATR not required. |            |         |                   |                                |                                                                     |

Inspection should be done after:

- brickwork & 2 coats plastering is completed
- after cleaning the villa.
- Water proofing, screeding in bathrooms is completed.
- before starting painting, tiling & flooring.

Plastering 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. Plastering must be 3mm margin for luppum work. Tolerance 1/4"
7. Provision of ules in bathrooms, kitchen & wash areas (rough plastering).
8. Check size of sink bowl. Hole should be 1" to 2" larger. (Tolerance: 1")
9. All doors frames should have 1/2" grooves.
10. Sill top must me of uniform thickness, correct height, at one level & without broken edges.

Certified that all corrections mentioned in the QC Report have been completed.  
 Project In-charge Sign *[Signature]* Date 16/12/21



|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                |         |                |                                |                                                          |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|---------|----------------|--------------------------------|----------------------------------------------------------|
| Company                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | MRM (L10)      | Project | GMY            | Phase                          |                                                          |
| Prepared by                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | T. Vinod Kumar | Sign    | T. Vinod Kumar | Date                           | 05/11/21                                                 |
| Project Manager                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Rampresad      | Sign    | Rampresad      | Date                           | 05/11/21                                                 |
| Previous Stage report no.                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                |         | 38297          | Report filed and signed by PM? | yes                                                      |
| Apartment No.                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                | Other   |                | other                          |                                                          |
| Checked By MD on                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                | MD Sign |                | For filling                    | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <b>Recommendation:</b><br><input type="checkbox"/> Stop further work. Submit ATR on QC report to QC team. Proceed only after recheck by QC.<br><input type="checkbox"/> Stop further work. Proceed with work after submitting ATR on QC report to QC team.<br><input checked="" type="checkbox"/> Proceed with further work only after making corrections pointed out in the QC report. ATR not required.<br><input type="checkbox"/> Proceed with further work. ATR not required. |                |         |                |                                |                                                          |

Inspection should be done after:

- brickwork is completed
- chicken mesh fixed
- after cleaning the apartment
- electrical conducting work is completed

#### Brickwork Check

Notes:

1. Mark ✓ for correct or minor mistake which does not require correction
2. Mark X for minor mistake that requires minor correction.
3. Mark X X for major mistake that requires correction by replacement or re-fixing.
4. Mark X X X 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 wherever 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.
15. Door frames must have black Japan coating and wood primer / pellambar - at cost of painter.

Certified that all corrections mentioned in the QC Report have been completed.  
 Project In-charge Sign \_\_\_\_\_ Date 08/11/21  
 Ram Prasad



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

Remarks



Specify rooms that need correction:

Misc. Checks.

|                                                           |                                         |                                                                           |
|-----------------------------------------------------------|-----------------------------------------|---------------------------------------------------------------------------|
| Was 3.75 CFT proportion box provided?                     | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No                                               |
| Condition of proportion box?                              | <input type="checkbox"/> Good           | <input checked="" type="checkbox"/> Avg. <input type="checkbox"/> Bad     |
| Was the Apartment cleaned before starting brick work?     | <input type="checkbox"/> Yes            | <input type="checkbox"/> No <input checked="" type="checkbox"/> Cant' say |
| Is the Apartment cleaned for plastering?                  | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No                                               |
| Wastage?                                                  | <input type="checkbox"/> High           | <input checked="" type="checkbox"/> Medium <input type="checkbox"/> Low   |
| Storage of building material like bricks sand and cement. | <input type="checkbox"/> Good           | <input checked="" type="checkbox"/> Avg. <input type="checkbox"/> Bad     |
| Drum (200 ltrs) provided for curing in each flat?         | <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 form thickness should be 2", SFL to bottom 31". (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".
10. Provide single layer table brick at bottom of each door frame without threshold.
11. Check Z angle template size.
12. Window opening must be checked with MS square pipe templates of 2 sizes for inner and outer openings.
13. Z angle template must be 1" from brick wall surface from the inner side.



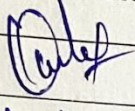
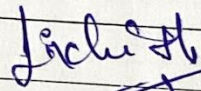
# GULMOHAR RESIDENCY

Sy. No. 19, Mallapur Village, Uppal, Hyderabad.  
Owned & Developed by: M/s. Modi Realty Mallapur LLP.  
Head office; 5-4-187/3&4 M G Road Secunderabad.

## Details of Additions & Alterations

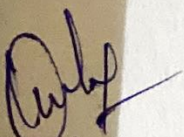
|            |                     |           |                                                     |
|------------|---------------------|-----------|-----------------------------------------------------|
| Flat No    | 105                 | Block no. | ' C '                                               |
| Flat Area  | 1660 sft            | Type      | Deluxe / Luxury <input checked="" type="checkbox"/> |
| Buyer Name | K.Uday kumar Swapna |           |                                                     |
| Phone No.  |                     | Email     |                                                     |

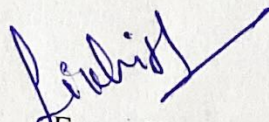
I hereby confirm that I have given the details of the minor additions and alterations that are required in the above referred flat in the pages attached herein. Please complete the changes suggested by me. I agree to pay the charges, if any, for the additions and alterations that I have asked you to make, as per the rates suggested by you. I shall deliver all the materials that are required to be provided by me at the site on or before date, you may complete the works in the flat as per the standard items provided by you.

|             |                                                                                    |            |                                                                                      |
|-------------|------------------------------------------------------------------------------------|------------|--------------------------------------------------------------------------------------|
| Buyers sign |  | Engg. Sign |  |
| Date:       | 3/3/21                                                                             | Date       | 3/3/2021                                                                             |

### Note:

1. Colour shades of paints may vary from batch to batch & company to company. The Builder will not take responsibility of quality of work for dark shades especially green & blue.
2. Shade / colour of natural material like marble and granite can't be guaranteed and may vary from lot to lot. Cracks like appearance in marble is a natural feature and Builder shall not be responsible for repairs or replacement.
3. Availability of bathroom or flooring tiles of the same type /colour/make can not be guaranteed and closest possible type/colour/make may be used in its place.
4. No further change shall be permitted from this day.
5. Please sign on all pages.

  
Buyers sign:

  
Engg. Sign:

3/3/21  
Date:



Changes in flooring:

- ① M.B/K.B/G.B/Liv/Din → Ispira Carisima.
- ② M.T → Luna
- ③ C.T → Ultra sparkle
- ④ Utility → black heavy [flooring]  
Blanco white [dado]
- ⑤ Kitchen → Default (Country almond)

Buyers sign:

Engg. Sign:

Date:

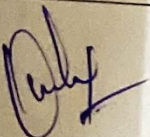


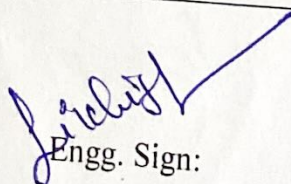
Changes in electrical points: (mark on plan)

- ① ~~Extra~~ ACB to be shifted Above the French door
- ② Extra Samps .
- ③ Extra TV point .

Choice of Bathroom tiles, CP fittings & Sanitary ware:

- ① klc position to be shifted as marked in plan .
- ② Extra Sink . Point .

  
Buyers sign:

  
Engg. Sign:

3/3/21  
Date:



Changes in kitchen platform: (mark on plan)

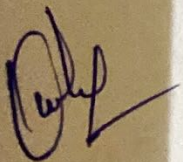
① Modular kitchen by customer.

Other Changes:

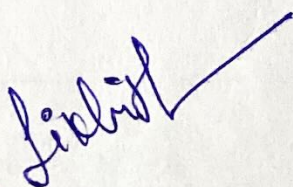
① Main Door shifting

② Partition 6'3" approximate

Note :- Main Door Teak wood frame  
to be provided &



Buyers sign:



Engg. Sign:

3/3/21

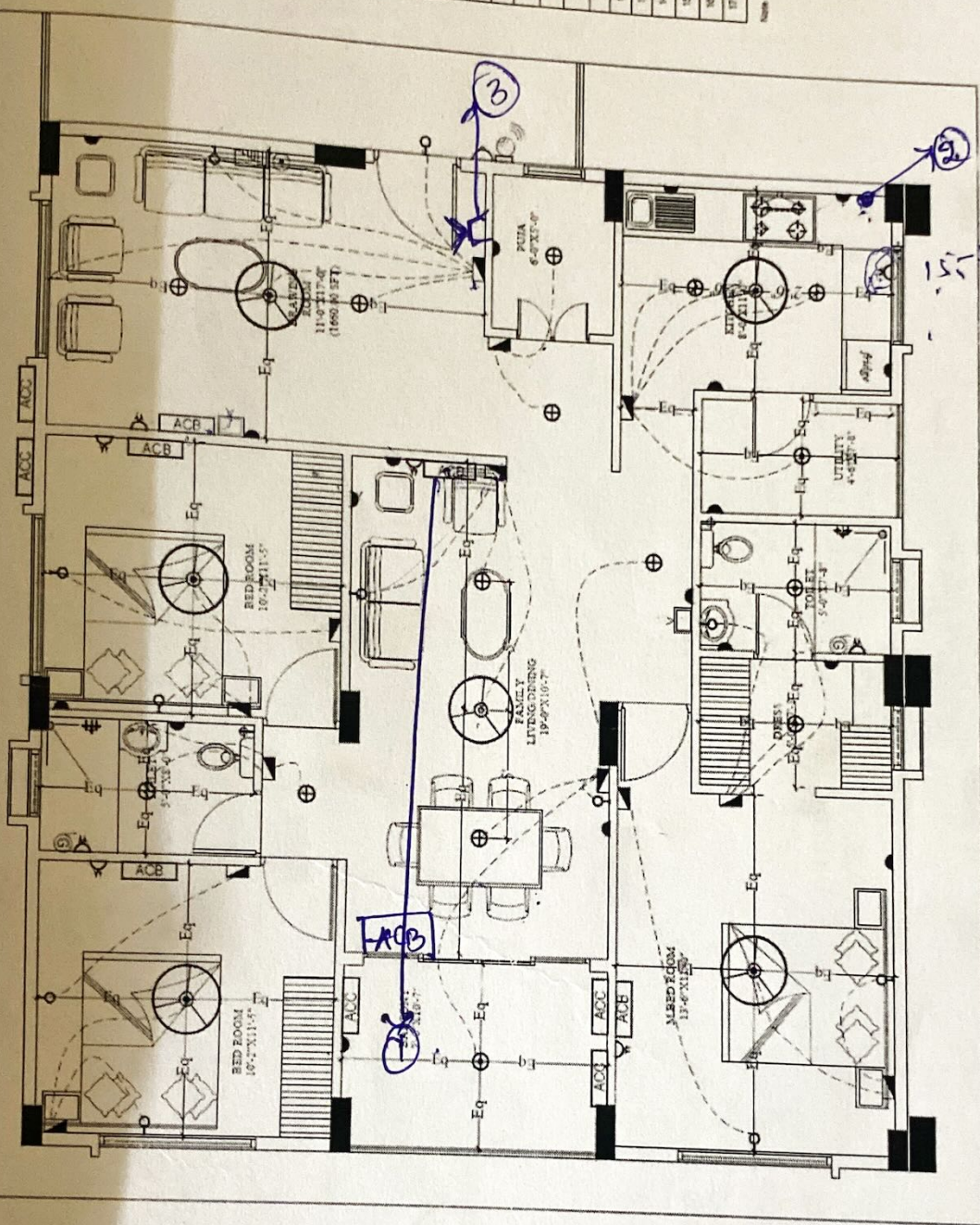
Date:



LEGEND

| S.NO | ITEM       | SYMBOL | QTY | REMARKS                |
|------|------------|--------|-----|------------------------|
| 1    | Switchgear | SW     | 1   | 11-0"X17-0" (1660 SFT) |
| 2    | Switchgear | SW     | 1   | 11-0"X17-0" (1660 SFT) |
| 3    | Switchgear | SW     | 1   | 11-0"X17-0" (1660 SFT) |
| 4    | Switchgear | SW     | 1   | 11-0"X17-0" (1660 SFT) |
| 5    | Switchgear | SW     | 1   | 11-0"X17-0" (1660 SFT) |
| 6    | Switchgear | SW     | 1   | 11-0"X17-0" (1660 SFT) |
| 7    | Switchgear | SW     | 1   | 11-0"X17-0" (1660 SFT) |
| 8    | Switchgear | SW     | 1   | 11-0"X17-0" (1660 SFT) |
| 9    | Switchgear | SW     | 1   | 11-0"X17-0" (1660 SFT) |
| 10   | Switchgear | SW     | 1   | 11-0"X17-0" (1660 SFT) |
| 11   | Switchgear | SW     | 1   | 11-0"X17-0" (1660 SFT) |
| 12   | Switchgear | SW     | 1   | 11-0"X17-0" (1660 SFT) |
| 13   | Switchgear | SW     | 1   | 11-0"X17-0" (1660 SFT) |
| 14   | Switchgear | SW     | 1   | 11-0"X17-0" (1660 SFT) |
| 15   | Switchgear | SW     | 1   | 11-0"X17-0" (1660 SFT) |
| 16   | Switchgear | SW     | 1   | 11-0"X17-0" (1660 SFT) |
| 17   | Switchgear | SW     | 1   | 11-0"X17-0" (1660 SFT) |

Note: Symbols shown in legend should be used as per standard.



Description

ELECTRICAL PLAN - 1660 Sft - B1 TYPE

Direction



Owners & Developers :

Modi Reality Mallapur LLP  
Project Name & Phase :  
Gulmohar Residency

Date :

23/09/2020

Prepared By :

Jayapradha

Approved By :

Soham Modi

Scale :

N.T.S

Promoted by

Modi Properties Pvt Ltd  
Phone: +91-40-66335551

Only

Linked 3/8/21



# **Quality Control Check Report** Stage: After Finishing Stage II (Apartments)

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                |         |                               |                                                                     |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|---------|-------------------------------|---------------------------------------------------------------------|
| Flat No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | B-105          | Other   | Sl. No.                       | 36326                                                               |
| Company                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | MRM (LLP)      | Project | Phase                         | -                                                                   |
| Prepared by                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | T. Vinod Kumar | Sign    | Date                          | 02-11-20                                                            |
| Project Manager                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Ram Prasad     | Sign    | Date                          | 02-11-20                                                            |
| Previous stage report no.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 36078          | MD Sign | Report filed and signed by PM | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| Checked By MD on                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                |         | For filing                    | <input type="checkbox"/> Yes <input type="checkbox"/> No            |
| <b>Recommendation:</b><br><input type="checkbox"/> Stop further work. Submit ATR on QC report to QC team. Proceed only after recheck by QC.<br><input type="checkbox"/> Stop further work. Proceed with work after submitting ATR on QC report to QC team.<br><input type="checkbox"/> Proceed with further work only after making corrections pointed out in the QC report. ATR not required.<br><input type="checkbox"/> Proceed with further work. ATR not required.                                                   |                |         |                               |                                                                     |
| <b>Inspection should be done after:</b> <ul style="list-style-type: none"> <li>• Completion of flooring, bathroom /utility tiles, first coat of paint.</li> <li>• Completion of doors, windows, grills, electrical wiring, switches must be done in next stage</li> <li>• False ceiling must be completed before flooring.</li> <li>• Kitchen platform, granite and dado must be completed where modular kitchen is not provided.</li> <li>• Provide granite soffit for main door and balconies in this stage.</li> </ul> |                |         |                               |                                                                     |

## Miscellaneous check:

|                                       |                                                                                                     |                                         |                                                                                                     |
|---------------------------------------|-----------------------------------------------------------------------------------------------------|-----------------------------------------|-----------------------------------------------------------------------------------------------------|
| Main door fixed with lock & stopper   | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No                                 | Granite soffit for balcony provided     | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No                                 |
| Granite soffit for balcony required   | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No                                 | Balcony granite soffit edge polishing   | <input type="checkbox"/> Good <input checked="" type="checkbox"/> Avg <input type="checkbox"/> Poor |
| Balcony granite soffit workmanship    | <input type="checkbox"/> Good <input checked="" type="checkbox"/> Avg <input type="checkbox"/> Poor | Granite soffit for main door provided   | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No                                 |
| Granite soffit for main door required | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No                                 | Main door granite soffit edge polishing | <input type="checkbox"/> Good <input checked="" type="checkbox"/> Avg <input type="checkbox"/> Poor |
| Main door granite soffit workmanship  | <input type="checkbox"/> Good <input checked="" type="checkbox"/> Avg <input type="checkbox"/> Poor |                                         |                                                                                                     |

Certified that all corrections mentioned in the QC Report have been completed. Work can Proceed

|                   |      |          |
|-------------------|------|----------|
| Project In-charge | Sign | Date     |
| H. S. Prasad      | 82   | 13/11/20 |



| Tiling & granite work |                           | Rate the quality of (Good ✓, Avg. X, Poor – needs correction X X, NA) |                                        |                   |                      |                           |                            |                                     |                            |                     |                                               |                        |                         |                                  |
|-----------------------|---------------------------|-----------------------------------------------------------------------|----------------------------------------|-------------------|----------------------|---------------------------|----------------------------|-------------------------------------|----------------------------|---------------------|-----------------------------------------------|------------------------|-------------------------|----------------------------------|
| S No                  | Room                      | Workmanship of tiling                                                 | White cement filling around CPVC lines | Corners finishing | Finishing near doors | Finishing on top of tiles | Finishing near ventilators | Step at bathroom entrance / utility | Step for shower / pot wash | Tile joint grouting | Granite platform finishing and edge polishing | Granite platform slope | Granite platform height | Finishing under granite platform |
| 1                     | Toilet 1 M.Tol            | ✓                                                                     | ✓                                      | ✓                 | ✓                    | ✓                         | ✓                          | ✓                                   | ✓                          | ✓                   | ✓                                             | ✓                      | ✓                       | ✓                                |
| 2                     | Toilet 2 C.Tol            | ✓                                                                     | ✓                                      | ✓                 | ✓                    | ✓                         | ✓                          | ✓                                   | ✓                          | ✓                   | ✓                                             | ✓                      | ✓                       | ✓                                |
| 3                     | Toilet 3                  | ✓                                                                     | ✓                                      | ✓                 | ✓                    | ✓                         | ✓                          | ✓                                   | ✓                          | ✓                   | ✓                                             | ✓                      | ✓                       | ✓                                |
| 4                     | Toilet 4                  | ✓                                                                     | ✓                                      | ✓                 | ✓                    | ✓                         | ✓                          | ✓                                   | ✓                          | ✓                   | ✓                                             | ✓                      | ✓                       | ✓                                |
| 5                     | Wash basin in dining area | ✓                                                                     | ✓                                      | ✓                 | ✓                    | ✓                         | ✓                          | ✓                                   | ✓                          | ✓                   | ✓                                             | ✓                      | ✓                       | ✓                                |
| 6                     | Kitchen                   | ✓                                                                     | ✓                                      | ✓                 | ✓                    | ✓                         | ✓                          | ✓                                   | ✓                          | ✓                   | ✓                                             | ✓                      | ✓                       | ✓                                |
| 7                     | Utility                   | ✓                                                                     | ✓                                      | ✓                 | ✓                    | ✓                         | ✓                          | ✓                                   | ✓                          | ✓                   | ✓                                             | ✓                      | ✓                       | ✓                                |
| 8                     | Other                     |                                                                       |                                        |                   |                      |                           |                            |                                     |                            |                     |                                               |                        |                         |                                  |
| 9                     | Other                     |                                                                       |                                        |                   |                      |                           |                            |                                     |                            |                     |                                               |                        |                         |                                  |
| Remarks               |                           |                                                                       |                                        |                   |                      |                           |                            |                                     |                            |                     |                                               |                        |                         |                                  |
|                       |                           |                                                                       |                                        |                   |                      |                           |                            |                                     |                            |                     |                                               |                        |                         |                                  |
|                       |                           |                                                                       |                                        |                   |                      |                           |                            |                                     |                            |                     |                                               |                        |                         |                                  |



# Quality Control Check Report. Stage: After Finishing Stage II (Apartments)

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                |         |                               |                                                                     |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|---------|-------------------------------|---------------------------------------------------------------------|
| Flat No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | B-105          | Other   | Sl. No.                       | 36326                                                               |
| Company                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | MRM (LLP)      | Project | Phase                         |                                                                     |
| Prepared by                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | T. Vinod Kumar | Sign    | Date                          | 02-11-20                                                            |
| Project Manager                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Ram Prasad     | Sign    | Date                          | 02-11-20                                                            |
| Previous stage report no.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                |         | Report filed and signed by PM | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| Checked By MD on                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 36078          | MD Sign | For filling                   | <input type="checkbox"/> Yes <input type="checkbox"/> No            |
| <p>Recommendation:</p> <p><input type="checkbox"/> Stop further work. Submit ATR on QC report to QC team. Proceed only after recheck by QC.</p> <p><input type="checkbox"/> Stop further work. Proceed with work after submitting ATR on QC report to QC team.</p> <p><input type="checkbox"/> Proceed with further work only after making corrections pointed out in the QC report. ATR not required.</p> <p><input type="checkbox"/> Proceed with further work. ATR not required.</p>                                   |                |         |                               |                                                                     |
| <p>Inspection should be done after:</p> <ul style="list-style-type: none"> <li>• Completion of flooring, bathroom /utility tiles, first coat of paint.</li> <li>• Completion of doors, windows, grills, electrical wiring, switches must be done in next stage</li> <li>• False ceiling must be completed before flooring.</li> <li>• Kitchen platform, granite and dado must be completed where modular kitchen is not provided.</li> <li>• Provide granite soffit for main door and balconies in this stage.</li> </ul> |                |         |                               |                                                                     |

## Miscellaneous check:

|                                       |                                                                                                     |                                         |                                                                                                     |
|---------------------------------------|-----------------------------------------------------------------------------------------------------|-----------------------------------------|-----------------------------------------------------------------------------------------------------|
| Main door fixed with lock & stopper   | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No                                 | Granite soffit for balcony provided     | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No                                 |
| Granite soffit for balcony required   | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No                                 | Balcony granite soffit edge polishing   | <input type="checkbox"/> Good <input checked="" type="checkbox"/> Avg <input type="checkbox"/> Poor |
| Balcony granite soffit workmanship    | <input type="checkbox"/> Good <input checked="" type="checkbox"/> Avg <input type="checkbox"/> Poor | Granite soffit for main door provided   | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No                                 |
| Granite soffit for main door required | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No                                 | Main door granite soffit edge polishing | <input type="checkbox"/> Good <input checked="" type="checkbox"/> Avg <input type="checkbox"/> Poor |
| Main door granite soffit workmanship  | <input type="checkbox"/> Good <input checked="" type="checkbox"/> Avg <input type="checkbox"/> Poor |                                         |                                                                                                     |



Quality Control Check Report, Stage: After Finishing Stage II (Apartments)

| Flooring & painting |                       | Rate the quality of (Good ✓, Avg ✕, Poor needs correction ✕✕, NA) |                                  |                    |                      |                           |                                 |               |                |                                         |                               |                                           |               |
|---------------------|-----------------------|-------------------------------------------------------------------|----------------------------------|--------------------|----------------------|---------------------------|---------------------------------|---------------|----------------|-----------------------------------------|-------------------------------|-------------------------------------------|---------------|
| S No                | Room                  | Color variation of floor tiles                                    | Flooring workman ship & grouting | Skirting size (3") | Skirting workmanship | Plastering above skirting | Plastering & finishing of walls | Crack filling | Loft Finishing | General quality of painting & finishing | Door & frame painting quality | Door beading, lippam and painting quality | Edge building |
| 1                   | Bedroom + M. Bed      | ✓                                                                 | ✓                                | ✓                  | ✓                    | ✓                         | ✓                               | ✓             | ✓              | ✓                                       | ✓                             | ✓                                         | ✓             |
| 2                   | Bedroom 2 - C. Bed    | ✓                                                                 | ✓                                | ✓                  | ✓                    | ✓                         | ✓                               | ✓             | ✓              | ✓                                       | ✓                             | ✓                                         | ✓             |
| 3                   | Bedroom 3             | ✓                                                                 | ✓                                | ✓                  | ✓                    | ✓                         | ✓                               | ✓             | ✓              | ✓                                       | ✓                             | ✓                                         | ✓             |
| 4                   | Drawing               | ✓                                                                 | ✓                                | ✓                  | ✓                    | ✓                         | ✓                               | ✓             | ✓              | ✓                                       | ✓                             | ✓                                         | ✓             |
| 5                   | Dining                | ✓                                                                 | ✓                                | ✓                  | ✓                    | ✓                         | ✓                               | ✓             | ✓              | ✓                                       | ✓                             | ✓                                         | ✓             |
| 6                   | Lobby + Pooja         | ✓                                                                 | ✓                                | ✓                  | ✓                    | ✓                         | ✓                               | ✓             | ✓              | ✓                                       | ✓                             | ✓                                         | ✓             |
| 7                   | Utility / balcony 1   | ✓                                                                 | ✓                                | ✓                  | ✓                    | ✓                         | ✓                               | ✓             | ✓              | ✓                                       | ✓                             | ✓                                         | ✓             |
| 8                   | Utility / balcony 2 - | ✓                                                                 | ✓                                | ✓                  | ✓                    | ✓                         | ✓                               | ✓             | ✓              | ✓                                       | ✓                             | ✓                                         | ✓             |
| 9                   | Utility / balcony 3.  | ✓                                                                 | ✓                                | ✓                  | ✓                    | ✓                         | ✓                               | ✓             | ✓              | ✓                                       | ✓                             | ✓                                         | ✓             |
| 10                  | Kitchen               | ✓                                                                 | ✓                                | ✓                  | ✓                    | ✓                         | ✓                               | ✓             | ✓              | ✓                                       | ✓                             | ✓                                         | ✓             |
| 11                  | Other                 |                                                                   |                                  |                    |                      |                           |                                 |               |                |                                         |                               |                                           |               |
| 12                  | Other                 |                                                                   |                                  |                    |                      |                           |                                 |               |                |                                         |                               |                                           |               |
| Remarks             |                       | Note:- Flat to be cleaned.                                        |                                  |                    |                      |                           |                                 |               |                |                                         |                               |                                           |               |



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

|                           |                |         |                                |                                                                     |
|---------------------------|----------------|---------|--------------------------------|---------------------------------------------------------------------|
| Flat No.                  | B-105          | Others  | Sl. No.                        | 35713                                                               |
| Company                   | MRMA (LLP)     | Project | Phase                          | -                                                                   |
| Prepared by               | T. Vinod Kumar | Sign    | Date                           | 08/07/20                                                            |
| Project Manager           | Ram Prasad     | Sign    | Date                           | 08/07/20                                                            |
| Previous stage report no. |                |         | Report filed and signed by PM? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| Apartment No              | 35673          | Other   |                                |                                                                     |
| Checked By MD on          |                | MD Sign | Other                          |                                                                     |
| Recommendation:           |                |         | For filling                    | <input type="checkbox"/> Yes <input type="checkbox"/> No            |

☐ Stop further work. Submit ATR on QC report to QC team. Proceed only after recheck by QC.  
☐ Stop further work. Proceed with work after submitting ATR on QC report to QC team.  
☐ Proceed with further work only after making corrections pointed out in the QC report. ATR not required.  
☒ Proceed with further work. ATR not required.

Inspection should be done after:

- brickwork is completed
- chicken mesh fixed
- after cleaning the apartment
- electrical conducting work is completed

## Brickwork Check

### Notes:

1. Mark ✓ for correct or minor mistake which does not require correction
2. Mark X for minor mistake that requires minor correction.
3. Mark X X for major mistake that requires correction by replacement or re-fixing.
4. Mark X X X 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.
15. Door frames must have black Japan coating and wood primer / pellambar - at cost of painter.

Certified that all corrections mentioned in the QC Report have been completed.

|                    |          |
|--------------------|----------|
| Project In-charge  | Date     |
| <i>[Signature]</i> | 08/07/20 |



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

| S No     | Room                | Door size, face and position (✓ or X) | Brick at bottom of door frame (✓ or X) | Door lintel level (✓ or X) | Door diagonal check (✓ or X) | Door Plumb - two sides (✓ or X) | Door frame black Japan/wood primer/Peelambar check (✓ or X) | Windows lintel & sill level (✓ or X) | Windows size (✓ or X) | Windows - template depth & diagonal (✓ or X) | Windows - template powder coated (✓ or X) | Loft & Kitchen platform required? (Yes or No) | Loft & Kitchen platform provided (✓ or X or NA) | Loft & Kitchen platform slope (✓ or X) |
|----------|---------------------|---------------------------------------|----------------------------------------|----------------------------|------------------------------|---------------------------------|-------------------------------------------------------------|--------------------------------------|-----------------------|----------------------------------------------|-------------------------------------------|-----------------------------------------------|-------------------------------------------------|----------------------------------------|
| 1        | Bedroom 1 M. Bed    | ✓                                     | ✓                                      | ✓                          | ✓                            | ✓                               | ✓                                                           | ✓                                    | ✓                     | ✓                                            | ✓                                         | ✓                                             | ✓                                               | ✓                                      |
| 2        | Toilet 1 M. Toi     | ✓                                     | ✓                                      | ✓                          | ✓                            | ✓                               | ✓                                                           | ✓                                    | ✓                     | ✓                                            | ✓                                         | ✓                                             | ✓                                               | ✓                                      |
| 3        | Bedroom 2 C. Bed    | ✓                                     | ✓                                      | ✓                          | ✓                            | ✓                               | ✓                                                           | ✓                                    | ✓                     | ✓                                            | ✓                                         | ✓                                             | ✓                                               | ✓                                      |
| 4        | Toilet 2 C. Toi     | ✓                                     | ✓                                      | ✓                          | ✓                            | ✓                               | ✓                                                           | ✓                                    | ✓                     | ✓                                            | ✓                                         | ✓                                             | ✓                                               | ✓                                      |
| 5        | Bedroom 3 G. Bed    | ✓                                     | ✓                                      | ✓                          | ✓                            | ✓                               | ✓                                                           | ✓                                    | ✓                     | ✓                                            | ✓                                         | ✓                                             | ✓                                               | ✓                                      |
| 6        | Toilet 3            | ✓                                     | ✓                                      | ✓                          | ✓                            | ✓                               | ✓                                                           | ✓                                    | ✓                     | ✓                                            | ✓                                         | ✓                                             | ✓                                               | ✓                                      |
| 7        | Drawing             | ✓                                     | ✓                                      | ✓                          | ✓                            | ✓                               | ✓                                                           | ✓                                    | ✓                     | ✓                                            | ✓                                         | ✓                                             | ✓                                               | ✓                                      |
| 8        | Dining              | ✓                                     | ✓                                      | ✓                          | ✓                            | ✓                               | ✓                                                           | ✓                                    | ✓                     | ✓                                            | ✓                                         | ✓                                             | ✓                                               | ✓                                      |
| 9        | Lobby 1             | ✓                                     | ✓                                      | ✓                          | ✓                            | ✓                               | ✓                                                           | ✓                                    | ✓                     | ✓                                            | ✓                                         | ✓                                             | ✓                                               | ✓                                      |
| 10       | Utility / balcony 1 | ✓                                     | ✓                                      | ✓                          | ✓                            | ✓                               | ✓                                                           | ✓                                    | ✓                     | ✓                                            | ✓                                         | ✓                                             | ✓                                               | ✓                                      |
| 11       | Utility / balcony 2 | ✓                                     | ✓                                      | ✓                          | ✓                            | ✓                               | ✓                                                           | ✓                                    | ✓                     | ✓                                            | ✓                                         | ✓                                             | ✓                                               | ✓                                      |
| 12       | Utility / balcony 3 | ✓                                     | ✓                                      | ✓                          | ✓                            | ✓                               | ✓                                                           | ✓                                    | ✓                     | ✓                                            | ✓                                         | ✓                                             | ✓                                               | ✓                                      |
| 13       | Kitchen             | ✓                                     | ✓                                      | ✓                          | ✓                            | ✓                               | ✓                                                           | ✓                                    | ✓                     | ✓                                            | ✓                                         | ✓                                             | ✓                                               | ✓                                      |
| 14       | Other               | ✓                                     | ✓                                      | ✓                          | ✓                            | ✓                               | ✓                                                           | ✓                                    | ✓                     | ✓                                            | ✓                                         | ✓                                             | ✓                                               | ✓                                      |
| 15       | Other               | ✓                                     | ✓                                      | ✓                          | ✓                            | ✓                               | ✓                                                           | ✓                                    | ✓                     | ✓                                            | ✓                                         | ✓                                             | ✓                                               | ✓                                      |
| Remarks: |                     |                                       |                                        |                            |                              |                                 |                                                             |                                      |                       |                                              |                                           |                                               |                                                 |                                        |
|          |                     |                                       |                                        |                            |                              |                                 |                                                             |                                      |                       |                                              |                                           |                                               |                                                 |                                        |
|          |                     |                                       |                                        |                            |                              |                                 |                                                             |                                      |                       |                                              |                                           |                                               |                                                 |                                        |
|          |                     |                                       |                                        |                            |                              |                                 |                                                             |                                      |                       |                                              |                                           |                                               |                                                 |                                        |
|          |                     |                                       |                                        |                            |                              |                                 |                                                             |                                      |                       |                                              |                                           |                                               |                                                 |                                        |