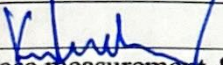


Construction Division  
Additions & Alteration Charges Approval Form

|                      |                                    |             |                    |
|----------------------|------------------------------------|-------------|--------------------|
| Company Name:        | MRMLLP                             | Site        | Gulmohar Residency |
| Name of the customer | Mr. Rahul                          |             |                    |
| Villa/ Flat No.      | C-504                              |             |                    |
| Sl.No                | Description                        | Amount      |                    |
| 1                    | Total extra Charges                | 39,060 = 00 |                    |
| 2                    | Total refundable amount            | —           |                    |
| 3                    | Net amount to be charges (if any)  | 39,060 = 00 |                    |
| 4                    | Net amount to be refunded (if any) | —           |                    |

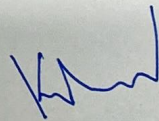
Remarks :

|                                                                                           |                         |                |
|-------------------------------------------------------------------------------------------|-------------------------|----------------|
| Approved by Project Manager                                                               | Approved by Design Team | Approved by MD |
| Date: 15/2/2018                                                                           | Date                    | Date           |
| Sign:  | Sign:                   | Sign:          |

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

**ESTIMATE SHEET**

|                                                           |                            |                                                                                   |          |       |      |              |  |
|-----------------------------------------------------------|----------------------------|-----------------------------------------------------------------------------------|----------|-------|------|--------------|--|
| Company Name:                                             | MRMLLP                     |                                                                                   |          |       |      |              |  |
| Project:                                                  | Gulmohar Residency         |                                                                                   |          |       |      |              |  |
| Work Description:                                         | Extra Specs                |                                                                                   |          |       |      |              |  |
| Flat No.                                                  | C-504                      |                                                                                   |          |       |      |              |  |
| Prepared By                                               | K. Narender Reddy          |                                                                                   |          |       |      |              |  |
| Date:                                                     | 15-02-2024                 |                                                                                   |          |       |      |              |  |
| S No.                                                     | Item Head                  | Item Description                                                                  | Quantity | Units | Rate | Amount       |  |
| 1                                                         | Big Tiles 4' x 2' Flooring | Big Tiles 4' x 2' Flooring (Living & Dining),<br>MBR, Children Bed Room,, kitchen | 1116     | Sft   | 35   | 39060.00     |  |
| 2                                                         | Skirting                   | Skirting - 21 % of SBUA 1660 sft                                                  |          |       |      | 39060.00     |  |
|                                                           |                            | <b>Total</b>                                                                      |          |       |      | <b>39060</b> |  |
|                                                           |                            | <b>Grand Total</b>                                                                |          |       |      |              |  |
| <b>In words Thirty Nine Thousand ad Sixty Rupees only</b> |                            |                                                                                   |          |       |      |              |  |



| Company Name:     |                   |                                                                 |             |            |             | MRMLLP                 |                       |            |  |  |  |  |  |
|-------------------|-------------------|-----------------------------------------------------------------|-------------|------------|-------------|------------------------|-----------------------|------------|--|--|--|--|--|
| Project:          |                   |                                                                 |             |            |             | Gulmohar Residency     |                       |            |  |  |  |  |  |
| Work Description: |                   |                                                                 |             |            |             | Extra Specs            |                       |            |  |  |  |  |  |
| Flat No.          |                   |                                                                 |             |            |             | C-504                  |                       |            |  |  |  |  |  |
| Prepared By       |                   |                                                                 |             |            |             | K. Narender Reddy      |                       |            |  |  |  |  |  |
| Date:             |                   |                                                                 |             |            |             | 15-02-2024             |                       |            |  |  |  |  |  |
|                   |                   |                                                                 |             |            |             | Approved by: Ramprasad |                       |            |  |  |  |  |  |
|                   |                   |                                                                 |             |            |             | Sign:                  |                       |            |  |  |  |  |  |
| 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                 | Big Tiles 4' x 2' | Flooring (Living & Dining),<br>MBR, Children Bed Room,, kitchen | 1079        | 1          | 1           | 1                      | 1079                  |            |  |  |  |  |  |
| 2                 | Skirting          | Skirting - 21 % of SBUA 1660 sft                                | 349         | 1          | 0           | 1                      | 87                    |            |  |  |  |  |  |
|                   |                   |                                                                 |             |            |             |                        |                       | 1166       |  |  |  |  |  |



# ATR on Quality Control Check Report. (Apartments)

|                                                                                                                                                                                                                                                                                    |            |                 |             |             |                                                          |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|-----------------|-------------|-------------|----------------------------------------------------------|
| Flat No                                                                                                                                                                                                                                                                            | C-5DL      | QC report stage | 11.         | Sl. No.     | 42623.                                                   |
| Company                                                                                                                                                                                                                                                                            | MEMCUP     | Project         |             | Phase       | -                                                        |
| Prepared by                                                                                                                                                                                                                                                                        | Menabhi    | Sign            | [Signature] | Date        | 16/12/23                                                 |
| Project Manager                                                                                                                                                                                                                                                                    | K. Nanded. | Sign            | [Signature] | Date        | 16/12/23                                                 |
| 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:<br><input type="checkbox"/> Stop further work. Submit ATR on QC report to QC team. Proceed only after recheck by QC.<br><input checked="" type="checkbox"/> 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:

work completed

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

|                           |          |                               |                                                                     |            |
|---------------------------|----------|-------------------------------|---------------------------------------------------------------------|------------|
| Flat No                   | C-504    | Other                         | Sl. No.                                                             | 42623      |
| Company                   | MPM-UP   | Project                       | Phase                                                               | -          |
| Prepared by               | Saikin   | Sign                          | Date                                                                | 25/11/2023 |
| Project Manager           | Narendra | Sign                          | Date                                                                | 25/11/2023 |
| Previous stage report no. | 12573    | 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 :

- 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.

|                                |      |      |
|--------------------------------|------|------|
| Work can Proceed to next Stage | Sign | Date |
| Project In-charge              |      |      |

## Miscellaneous check:

|                                                                  |                                                                                          |                                                         |                                                                                                     |
|------------------------------------------------------------------|------------------------------------------------------------------------------------------|---------------------------------------------------------|-----------------------------------------------------------------------------------------------------|
| Modular kitchen to be provided                                   | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No                      | Modular kitchen provided                                | <input type="checkbox"/> Yes <input 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 type="checkbox"/> Avg <input checked="" type="checkbox"/> Poor |

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

|         |                     | Rate the quality of (Good ✓, Avg. X, Poor - needs correction XX, NA) |                                         |                         |                                   |                 |                            |                                     |                               |                             |               |                                                      |                              |
|---------|---------------------|----------------------------------------------------------------------|-----------------------------------------|-------------------------|-----------------------------------|-----------------|----------------------------|-------------------------------------|-------------------------------|-----------------------------|---------------|------------------------------------------------------|------------------------------|
| S No    | Room                | Door, door knob & door stopper fitting                               | Door, door knob & door stopper cleaning | Window grills & quality | Window grills fitting & finishing | Windows quality | Window fitting & finishing | Balcony railing quality & finishing | French door quality & fitting | CP jali quality and fitting | Edge building | Switch boards fitting & covering with plastic covers | Junction box covers painting |
| 1       | Bedroom-1 M. Bed    | ✓                                                                    | ✓                                       | ✓                       | ✓                                 | ✓               | ✓                          | ✓                                   | ✓                             | ✓                           | ✓             | ✓                                                    | ✓                            |
| 2       | Bedroom 2 G. Bed    | ✓                                                                    | ✓                                       | ✓                       | ✓                                 | ✓               | ✓                          | ✓                                   | ✓                             | ✓                           | ✓             | ✓                                                    | ✓                            |
| 3       | Bedroom-3 (C. Bed)  | ✓                                                                    | ✓                                       | ✓                       | ✓                                 | ✓               | ✓                          | ✓                                   | ✓                             | ✓                           | ✓             | ✓                                                    | ✓                            |
| 4       | Drawing             | ✓                                                                    | ✓                                       | ✓                       | ✓                                 | ✓               | ✓                          | ✓                                   | ✓                             | ✓                           | ✓             | ✓                                                    | ✓                            |
| 5       | Dining              | ✓                                                                    | ✓                                       | ✓                       | ✓                                 | ✓               | ✓                          | ✓                                   | ✓                             | ✓                           | ✓             | ✓                                                    | ✓                            |
| 6       | Lobby-1             | ✓                                                                    | ✓                                       | ✓                       | ✓                                 | ✓               | ✓                          | ✓                                   | ✓                             | ✓                           | ✓             | ✓                                                    | ✓                            |
| 7       | Utility / balcony 1 | ✓                                                                    | ✓                                       | ✓                       | ✓                                 | ✓               | ✓                          | ✓                                   | ✓                             | ✓                           | ✓             | ✓                                                    | ✓                            |
| 8       | Utility / balcony 2 | ✓                                                                    | ✓                                       | ✓                       | ✓                                 | ✓               | ✓                          | ✓                                   | ✓                             | ✓                           | ✓             | ✓                                                    | ✓                            |
| 9       | Utility / balcony 3 | ✓                                                                    | ✓                                       | ✓                       | ✓                                 | ✓               | ✓                          | ✓                                   | ✓                             | ✓                           | ✓             | ✓                                                    | ✓                            |
| 10      | Kitchen             | ✓                                                                    | ✓                                       | ✓                       | ✓                                 | ✓               | ✓                          | ✓                                   | ✓                             | ✓                           | ✓             | ✓                                                    | ✓                            |
| 11      | Toilet-1 M. Toi     | ✓                                                                    | ✓                                       | ✓                       | ✓                                 | ✓               | ✓                          | ✓                                   | ✓                             | ✓                           | ✓             | ✓                                                    | ✓                            |
| 12      | Toilet 2 C. Toi     | ✓                                                                    | ✓                                       | ✓                       | ✓                                 | ✓               | ✓                          | ✓                                   | ✓                             | ✓                           | ✓             | ✓                                                    | ✓                            |
| 13      | Toilet 3            | ✓                                                                    | ✓                                       | ✓                       | ✓                                 | ✓               | ✓                          | ✓                                   | ✓                             | ✓                           | ✓             | ✓                                                    | ✓                            |
| 14      | Other               |                                                                      |                                         |                         |                                   |                 |                            |                                     |                               |                             |               |                                                      |                              |
| 15      | Other               |                                                                      |                                         |                         |                                   |                 |                            |                                     |                               |                             |               |                                                      |                              |
| Remarks |                     | NOTE: (1) ✓ False ceiling & S. Board in a m. Toi; to be provided.    |                                         |                         |                                   |                 |                            |                                     |                               |                             |               |                                                      |                              |
|         |                     | (2) ✓ grill finishing works to be improved.                          |                                         |                         |                                   |                 |                            |                                     |                               |                             |               |                                                      |                              |
|         |                     | (3) ✓ Plot to be clean.                                              |                                         |                         |                                   |                 |                            |                                     |                               |                             |               |                                                      |                              |

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

|                           |          |         |                               |                                                                     |
|---------------------------|----------|---------|-------------------------------|---------------------------------------------------------------------|
| Flat No                   | C-504    | Other   | Sl. No.                       | 42573                                                               |
| Company                   | MPM-UP   | Project | Phase                         | -                                                                   |
| Prepared by               | Sarkinen | Sign    | Date                          | 10-11-2023                                                          |
| Project Manager           | Abrenden | Sign    | Date                          | 10-11-2023                                                          |
| Previous stage report no. |          |         | 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:

- 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 type="checkbox"/> Avg <input checked="" 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 |
|                   |      |      |

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

| Flooring & painting |                     | Rate the quality of (Good ✓, Avg. X, Poor – needs correction ✗ X, 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 | Windows check | General quality of painting & finishing | Door & frame painting quality | Door beading, luppam and painting quality. | Edge building |
| 1                   | Bedroom 1 M Bed     | ✓                                                                     | ✓                                | ✓                  | ✓                    | ✓                         | ✓                               | ✓             | ✓              | ✓             | ✓                                       | ✓                             | ✓                                          | ✓             |
| 2                   | Bedroom 2 G Bed     | ✓                                                                     | ✓                                | ✓                  | ✓                    | ✓                         | ✓                               | ✓             | ✓              | ✓             | ✓                                       | ✓                             | ✓                                          | ✓             |
| 3                   | Bedroom 3 C Bed     | ✓                                                                     | ✓                                | ✓                  | ✓                    | ✓                         | ✓                               | ✓             | ✓              | ✓             | ✓                                       | ✓                             | ✓                                          | ✓             |
| 4                   | Drawing             | ✓                                                                     | ✓                                | ✓                  | ✓                    | ✓                         | ✓                               | ✓             | ✓              | ✓             | ✓                                       | ✓                             | ✓                                          | ✓             |
| 5                   | Dining              | ✓                                                                     | ✓                                | ✓                  | ✓                    | ✓                         | ✓                               | ✓             | ✓              | ✓             | ✓                                       | ✓                             | ✓                                          | ✓             |
| 6                   | Lobby 1             | ✓                                                                     | ✓                                | ✓                  | ✓                    | ✓                         | ✓                               | ✓             | ✓              | ✓             | ✓                                       | ✓                             | ✓                                          | ✓             |
| 7                   | Utility / balcony 1 | ✓                                                                     | ✓                                | ✓                  | ✓                    | ✓                         | ✓                               | ✓             | ✓              | ✓             | ✓                                       | ✓                             | ✓                                          | ✓             |
| 8                   | Utility / balcony 2 | ✓                                                                     | ✓                                | ✓                  | ✓                    | ✓                         | ✓                               | ✓             | ✓              | ✓             | ✓                                       | ✓                             | ✓                                          | ✓             |
| 9                   | Utility / balcony 3 | ✓                                                                     | ✓                                | ✓                  | ✓                    | ✓                         | ✓                               | ✓             | ✓              | ✓             | ✓                                       | ✓                             | ✓                                          | ✓             |
| 10                  | Kitchen             | ✓                                                                     | ✓                                | ✓                  | ✓                    | ✓                         | ✓                               | ✓             | ✓              | ✓             | ✓                                       | ✓                             | ✓                                          | ✓             |
| 11                  | Other               |                                                                       |                                  |                    |                      |                           |                                 |               | ✗              | ✓             | ✓                                       | ✓                             | ✓                                          | ✓             |
| 12                  | Other               |                                                                       |                                  |                    |                      |                           |                                 |               |                |               |                                         |                               |                                            |               |
| Remarks             |                     | Also in utility, the painting work for door frames to be improved.    |                                  |                    |                      |                           |                                 |               |                |               |                                         |                               |                                            |               |
|                     |                     | (✓) In utility, the painting finishing to be done properly.           |                                  |                    |                      |                           |                                 |               |                |               |                                         |                               |                                            |               |

| 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 M. Toilet        | ✓                                                                    | ✓                                      | ✓                 | ✓                    | ✓                         | ✓                          | ✓                                 | ✓                          | ✓                   | ✓                                             | ✓                      | ✓                       | ✓                                |  |
| 2                     | Toilet 2 C. Toilet        | ✓                                                                    | ✓                                      | ✓                 | ✓                    | ✓                         | ✓                          | ✓                                 | ✓                          | ✓                   | ✓                                             | ✓                      | ✓                       | ✓                                |  |
| 3                     | Toilet 3                  | ✓                                                                    | ✓                                      | ✓                 | ✓                    | ✓                         | ✓                          | ✓                                 | ✓                          | ✓                   | ✓                                             | ✓                      | ✓                       | ✓                                |  |
| 4                     | Toilet 4                  | ✓                                                                    | ✓                                      | ✓                 | ✓                    | ✓                         | ✓                          | ✓                                 | ✓                          | ✓                   | ✓                                             | ✓                      | ✓                       | ✓                                |  |
| 5                     | Wash basin in dining area | ✓                                                                    | ✓                                      | ✓                 | ✓                    | ✓                         | ✓                          | ✓                                 | ✓                          | ✓                   | ✓                                             | ✓                      | ✓                       | ✓                                |  |
| 6                     | Kitchen                   | ✓                                                                    | ✓                                      | ✓                 | ✓                    | ✓                         | ✓                          | ✓                                 | ✓                          | ✓                   | ✓                                             | ✓                      | ✓                       | ✓                                |  |
| 7                     | Utility                   | ✓                                                                    | ✓                                      | ✓                 | ✓                    | ✓                         | ✓                          | ✓                                 | ✓                          | ✓                   | ✓                                             | ✓                      | ✓                       | ✓                                |  |
| 8                     | Other                     | ✓                                                                    | ✓                                      | ✓                 | ✓                    | ✓                         | ✓                          | ✓                                 | ✓                          | ✓                   | ✓                                             | ✓                      | ✓                       | ✓                                |  |
| 9                     | Other                     | ✓                                                                    | ✓                                      | ✓                 | ✓                    | ✓                         | ✓                          | ✓                                 | ✓                          | ✓                   | ✓                                             | ✓                      | ✓                       | ✓                                |  |
| Remarks               |                           | NOTE :- 1) provision for modular kitchen.                            |                                        |                   |                      |                           |                            |                                   |                            |                     |                                               |                        |                         |                                  |  |

# Quality Control Check Report. Stage: After Plumbing & Electrical (Apartments)

|                                    |             |                                                                                                              |         |          |
|------------------------------------|-------------|--------------------------------------------------------------------------------------------------------------|---------|----------|
| Flat No.                           | C-504       | Other                                                                                                        | Sl. No. | 40660    |
| Company                            | MRM-CLIP    | Project                                                                                                      | Phase   | -        |
| Prepared by                        | P. Bhargava | Sign                                                                                                         | Date    | 13-10-22 |
| Project Manager                    | Rampasada   | Sign                                                                                                         | Date    | 13-10-22 |
| Previous stage report no.          | 40274       | Report filed and signed by PM? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No           |         |          |
| Additions & alterations sheet date | 3/10/22     | 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:

- ☐ 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:

- 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 & plan. 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. Civil work near pipes in balcony & utility must be neat and mortar should be removed from the pipes.
9. Water proofing must cover all pipes & check height above SFL.
10. Fasteners must be used as specified in circular. Especially check fixing of PVC pipes.
11. Height of DB box must be 6" below false ceiling level or 12" below slab level.
12. 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. Date

# Quality Control Check Report. Stage: After Plumbing & Electrical (Apartments)

| S No                                                                    | Room                | Civil work near pipes in balcony & utility <sup>7</sup> (✓ or ✕)    | CPVC & PVC Check <sup>5</sup> (✓ or ✕) | Electrical points check <sup>6</sup> (✓ or ✕) | Water proofing check <sup>8</sup> (✓ or ✕) | Proper use of fasteners check <sup>9</sup> (✓ or ✕)                 | Placement of DB <sup>10</sup> (✓ or ✕) | Placement of Generator changeover (✓ or ✕) |
|-------------------------------------------------------------------------|---------------------|---------------------------------------------------------------------|----------------------------------------|-----------------------------------------------|--------------------------------------------|---------------------------------------------------------------------|----------------------------------------|--------------------------------------------|
| 1                                                                       | Bedroom 1 M-Bed     | ✓                                                                   | ✓                                      | ✓                                             | ✓                                          | ✓                                                                   | ✓                                      | ✓                                          |
| 2                                                                       | Toilet 1 M-Toi      | ✓                                                                   | ✓                                      | ✓                                             | ✓                                          | ✓                                                                   | ✓                                      | ✓                                          |
| 3                                                                       | Bedroom 2 M-Bed     | ✓                                                                   | ✓                                      | ✓                                             | ✓                                          | ✓                                                                   | ✓                                      | ✓                                          |
| 4                                                                       | Toilet 2 C-Toi      | ✓                                                                   | ✓                                      | ✓                                             | ✓                                          | ✓                                                                   | ✓                                      | ✓                                          |
| 5                                                                       | Bedroom 3 G-Bed     | ✓                                                                   | ✓                                      | ✓                                             | ✓                                          | ✓                                                                   | ✓                                      | ✓                                          |
| 6                                                                       | Toilet 3            | ✓                                                                   | ✓                                      | ✓                                             | ✓                                          | ✓                                                                   | ✓                                      | ✓                                          |
| 7                                                                       | Drawing             | ✓                                                                   | ✓                                      | ✓                                             | ✓                                          | ✓                                                                   | ✓                                      | ✓                                          |
| 8                                                                       | Dining              | ✓                                                                   | ✓                                      | ✓                                             | ✓                                          | ✓                                                                   | ✓                                      | ✓                                          |
| 9                                                                       | Lobby 1 Pooja       | ✓                                                                   | ✓                                      | ✓                                             | ✓                                          | ✓                                                                   | ✓                                      | ✓                                          |
| 10                                                                      | Utility / balcony 1 | ✓                                                                   | ✓                                      | ✓                                             | ✓                                          | ✓                                                                   | ✓                                      | ✓                                          |
| 11                                                                      | Utility / balcony 2 | ✓                                                                   | ✓                                      | ✓                                             | ✓                                          | ✓                                                                   | ✓                                      | ✓                                          |
| 12                                                                      | Utility / balcony 3 | ✓                                                                   | ✓                                      | ✓                                             | ✓                                          | ✓                                                                   | ✓                                      | ✓                                          |
| 13                                                                      | Kitchen             | ✓                                                                   | ✓                                      | ✓                                             | ✓                                          | ✓                                                                   | ✓                                      | ✓                                          |
| 14                                                                      | Other               | ✓                                                                   | ✓                                      | ✓                                             | ✓                                          | ✓                                                                   | ✓                                      | ✓                                          |
| 15                                                                      | Other               | ✓                                                                   | ✓                                      | ✓                                             | ✓                                          | ✓                                                                   | ✓                                      | ✓                                          |
| Remarks                                                                 |                     |                                                                     |                                        |                                               |                                            |                                                                     |                                        |                                            |
| 1) DC Point in G.B is not as per specifications. 2) In M-Bed Gove       |                     |                                                                     |                                        |                                               |                                            |                                                                     |                                        |                                            |
| Holes were not patched 3) M-Toi wash basin is not as per specifications |                     |                                                                     |                                        |                                               |                                            |                                                                     |                                        |                                            |
| Remarks on additions & alteration sheet:                                |                     |                                                                     |                                        |                                               |                                            |                                                                     |                                        |                                            |
| Signed by engineer.                                                     |                     | <input type="checkbox"/> Yes <input checked="" 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            |                                        |                                            |

Quality Control Check Report      Stage: After Plumbing & Electrical (Apartments)

Miscellaneous check

|                                                                  |                                         |                                        |
|------------------------------------------------------------------|-----------------------------------------|----------------------------------------|
| Screeding done on walls upto 12" outside bathroom/utility        | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No            |
| Bathroom /utility filled with 4" water for water proof check     | <input type="checkbox"/> Yes            | <input checked="" type="checkbox"/> No |
| Hole packing done around all pipes in ceiling and internal walls | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No            |
| Remarks:                                                         |                                         |                                        |
|                                                                  |                                         |                                        |
|                                                                  |                                         |                                        |
|                                                                  |                                         |                                        |

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

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |             |                                |                                                                     |          |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|--------------------------------|---------------------------------------------------------------------|----------|
| Flat No.                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | C-504       | Other                          | Sl. No.                                                             | 40274    |
| Company                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | MRM-CLLP    | Project                        | Phase                                                               |          |
| Prepared by                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | P. Bhargava | Sign                           | Date                                                                | 26-07-22 |
| Project Manager                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Rampasani   | Sign                           | Date                                                                | 26-07-22 |
| Previous stage report no.                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 39499       | Report filed and signed by PM? | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |          |
| Checked By MD on                                                                                                                                                                                                                                                                                                                                                                                                                                                            | MD Sign     | For filling                    | Yes <input type="checkbox"/> No <input type="checkbox"/>            |          |
| 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".
7. Provision of tiles 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 Date 24/7/22

| S No    | Room            | Skirting Provision<br>(✓ or X) | Furnishing around<br>door frame (✓ or X) | Beams & column<br>finishing (✓ or X) | Finishing of lifts<br>(or X) | Electricity junction<br>finishing (✓ or X) | Windows check<br>(✓ or X) | Tiles provision<br>(✓ or X) | Sink provision & size<br>(✓ or X) | Grooves for door<br>frames (✓ or X) | Balcony & terrace sill<br>top finishing (✓ or X) | Screeding in bathroom<br>& utility (✓ or X) | Screeding in 6" above<br>FFL? (✓ or X) |
|---------|-----------------|--------------------------------|------------------------------------------|--------------------------------------|------------------------------|--------------------------------------------|---------------------------|-----------------------------|-----------------------------------|-------------------------------------|--------------------------------------------------|---------------------------------------------|----------------------------------------|
| 1       | Bedroom 1 M-Bed | <                              | <                                        | <                                    | <                            | <                                          | <                         | <                           | <                                 | <                                   | <                                                | <                                           | <                                      |
| 2       | Toilet 1 M-Toi  | <                              | <                                        | <                                    | <                            | <                                          | <                         | <                           | <                                 | <                                   | <                                                | <                                           | <                                      |
| 3       | Bedroom 2 K-Bed | <                              | <                                        | <                                    | <                            | <                                          | <                         | <                           | <                                 | <                                   | <                                                | <                                           | <                                      |
| 4       | Toilet 2 C-Toi  | <                              | <                                        | <                                    | <                            | <                                          | <                         | <                           | <                                 | <                                   | <                                                | <                                           | <                                      |
| 5       | Bedroom 3 G-Bed | <                              | <                                        | <                                    | <                            | <                                          | <                         | <                           | <                                 | <                                   | <                                                | <                                           | <                                      |
| 6       | Toilet 3        | <                              | <                                        | <                                    | <                            | <                                          | <                         | <                           | <                                 | <                                   | <                                                | <                                           | <                                      |
| 7       | Bedroom 4       | <                              | <                                        | <                                    | <                            | <                                          | <                         | <                           | <                                 | <                                   | <                                                | <                                           | <                                      |
| 8       | Toilet 4        | <                              | <                                        | <                                    | <                            | <                                          | <                         | <                           | <                                 | <                                   | <                                                | <                                           | <                                      |
| 9       | Drawing         | <                              | <                                        | <                                    | <                            | <                                          | <                         | <                           | <                                 | <                                   | <                                                | <                                           | <                                      |
| 10      | Dining          | <                              | <                                        | <                                    | <                            | <                                          | <                         | <                           | <                                 | <                                   | <                                                | <                                           | <                                      |
| 11      | Lobby 1         | <                              | <                                        | <                                    | <                            | <                                          | <                         | <                           | <                                 | <                                   | <                                                | <                                           | <                                      |
| 12      | Lobby 2         | <                              | <                                        | <                                    | <                            | <                                          | <                         | <                           | <                                 | <                                   | <                                                | <                                           | <                                      |
| 13      | Balcony         | <                              | <                                        | <                                    | <                            | <                                          | <                         | <                           | <                                 | <                                   | <                                                | <                                           | <                                      |
| 14      | Utility         | <                              | <                                        | <                                    | <                            | <                                          | <                         | <                           | <                                 | <                                   | <                                                | <                                           | <                                      |
| 15      | Portico         | <                              | <                                        | <                                    | <                            | <                                          | <                         | <                           | <                                 | <                                   | <                                                | <                                           | <                                      |
| 16      | Kitchen         | <                              | <                                        | <                                    | <                            | <                                          | <                         | <                           | <                                 | <                                   | <                                                | <                                           | <                                      |
| 17      | Other           | <                              | <                                        | <                                    | <                            | <                                          | <                         | <                           | <                                 | <                                   | <                                                | <                                           | <                                      |
| Remarks |                 |                                |                                          |                                      |                              |                                            |                           |                             |                                   |                                     |                                                  |                                             |                                        |
|         |                 |                                |                                          |                                      |                              |                                            |                           |                             |                                   |                                     |                                                  |                                             |                                        |
|         |                 |                                |                                          |                                      |                              |                                            |                           |                             |                                   |                                     |                                                  |                                             |                                        |

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

|                           |                 |                                       |                                                          |         |
|---------------------------|-----------------|---------------------------------------|----------------------------------------------------------|---------|
| Flat No.                  | C-504           | Others                                | Sl. No.                                                  | 39499   |
| Company                   | MRA (P)         | Project                               | Phase                                                    |         |
| Prepared by               | S. Suresh Kumar | Sign                                  | Date                                                     | 10/3/22 |
| Project Manager           | Ramprasad       | Sign                                  | Date                                                     | 10/3/22 |
| Previous Stage report no. | 39222           | Report filed and signed by PM?<br>yes |                                                          |         |
| Apartment No.             |                 | Other                                 |                                                          |         |
| Checked By MD on          |                 | MD Sign                               | <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:

- 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 ✗ for minor mistake that requires minor correction.
3. Mark ✗✗ for major mistake that requires correction by replacement or re-fixing.
4. Mark ✗✗✗ for major mistake that cannot be corrected.
5. Wall thickness should be as per plan. Use of 4", 6" & 8" blocks must be checked.
6. All walls should have 2 beds of about 2" to 3" thickness with one no. 6 mm or 8 mm rod with M15 CC.
7. Chicken mesh should be used in each and every joint between RCC & Brickwork.
8. Joint between brickwork & beam on external side must be filled.
9. Check room dimensions with working plan. (Tolerance: 1")
10. Diagonals of each room shall be equal. (Tolerance: 2")
11. Balcony sill level should be 3'3" from SFL. (Tolerance: 1")
12. Check room height with specified height. (Tolerance: 1")
13. Check plumb of walls 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.  
 Work can proceed to next Stage.  
 Project In-charge Sign Date  
 12/3/22

| Quality Control Check Report.      Stage: After Brickwork (Apartments) |                   |                                                     |                           |                          |                                             |                             |                                         |                      |                                  |                                |                         |                                   |                                        |
|------------------------------------------------------------------------|-------------------|-----------------------------------------------------|---------------------------|--------------------------|---------------------------------------------|-----------------------------|-----------------------------------------|----------------------|----------------------------------|--------------------------------|-------------------------|-----------------------------------|----------------------------------------|
| 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>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   | ✓                                                   | X                         | ✓                        | ✓                                           | ✓                           | ✓                                       | ✓                    | ✓                                | ✓                              | ✓                       | Avg                               | ✓                                      |
| 2                                                                      | Toilet 1 M.Toi    | ✓                                                   | X                         | ✓                        | ✓                                           | ✓                           | ✓                                       | ✓                    | ✓                                | ✓                              | ✓                       | ✓                                 | ✓                                      |
| 3                                                                      | Bedroom 2 K.Bed   | ✓                                                   | X                         | ✓                        | ✓                                           | ✓                           | ✓                                       | ✓                    | ✓                                | ✓                              | ✓                       | ✓                                 | ✓                                      |
| 4                                                                      | Toilet 2 C.Toi    | ✓                                                   | X                         | ✓                        | ✓                                           | ✓                           | ✓                                       | ✓                    | ✓                                | ✓                              | ✓                       | ✓                                 | ✓                                      |
| 5                                                                      | Bedroom 3 G.Bed   | ✓                                                   | X                         | ✓                        | ✓                                           | ✓                           | ✓                                       | ✓                    | ✓                                | ✓                              | ✓                       | ✓                                 | ✓                                      |
| 6                                                                      | Toilet 3          | ✓                                                   | X                         | ✓                        | ✓                                           | ✓                           | ✓                                       | ✓                    | ✓                                | ✓                              | ✓                       | ✓                                 | ✓                                      |
| 7                                                                      | Drawing           | ✓                                                   | X                         | ✓                        | ✓                                           | ✓                           | ✓                                       | ✓                    | ✓                                | ✓                              | ✓                       | ✓                                 | ✓                                      |
| 8                                                                      | Dining            | ✓                                                   | X                         | ✓                        | ✓                                           | ✓                           | ✓                                       | ✓                    | ✓                                | ✓                              | ✓                       | ✓                                 | ✓                                      |
| 9                                                                      | Lobby 1           | ✓                                                   | X                         | ✓                        | ✓                                           | ✓                           | ✓                                       | ✓                    | ✓                                | ✓                              | ✓                       | ✓                                 | ✓                                      |
| 10                                                                     | Utility/balcony 1 | ✓                                                   | X                         | ✓                        | ✓                                           | ✓                           | ✓                                       | ✓                    | ✓                                | ✓                              | ✓                       | ✓                                 | ✓                                      |
| 11                                                                     | Utility/balcony 2 | ✓                                                   | X                         | ✓                        | ✓                                           | ✓                           | ✓                                       | ✓                    | ✓                                | ✓                              | ✓                       | ✓                                 | ✓                                      |
| 12                                                                     | Utility/balcony 3 | ✓                                                   | X                         | ✓                        | ✓                                           | ✓                           | ✓                                       | ✓                    | ✓                                | ✓                              | ✓                       | ✓                                 | ✓                                      |
| 13                                                                     | Kitchen           | ✓                                                   | X                         | ✓                        | ✓                                           | ✓                           | ✓                                       | ✓                    | ✓                                | ✓                              | ✓                       | ✓                                 | ✓                                      |
| 14                                                                     | Other             | ✓                                                   | X                         | ✓                        | ✓                                           | ✓                           | ✓                                       | ✓                    | ✓                                | ✓                              | ✓                       | ✓                                 | ✓                                      |
| 15                                                                     | Other             | ✓                                                   | X                         | ✓                        | ✓                                           | ✓                           | ✓                                       | ✓                    | ✓                                | ✓                              | ✓                       | ✓                                 | ✓                                      |
| Remarks                                                                |                   | 1 not loaded C.C. Bedn not casted as per alignment. |                           |                          |                                             |                             |                                         |                      |                                  |                                |                         |                                   |                                        |
|                                                                        |                   |                                                     |                           |                          |                                             |                             |                                         |                      |                                  |                                |                         |                                   |                                        |
|                                                                        |                   |                                                     |                           |                          |                                             |                             |                                         |                      |                                  |                                |                         |                                   |                                        |
|                                                                        |                   |                                                     |                           |                          |                                             |                             |                                         |                      |                                  |                                |                         |                                   |                                        |
|                                                                        |                   |                                                     |                           |                          |                                             |                             |                                         |                      |                                  |                                |                         |                                   |                                        |

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

Quality of edges and corners in all rooms?

☐ Good ☒ Avg. ☐ Bad

Specify rooms that need correction:

## Misc. Checks.

Was 3.75 CFT proportion box provided?

☒ Yes ☐ No

Condition of proportion box?

☐ Good ☒ Avg. ☐ Bad

Was the Apartment cleaned before starting brick work?

☐ Yes ☐ No ☒ Cant' say

Is the Apartment cleaned for plastering?

☐ Yes ☒ No

Wastage?

☐ High ☒ Medium ☐ Low

Storage of building material like bricks sand and cement.

☐ Good ☒ Avg. ☐ Bad

Drum (200 ltrs) provided for curing in each flat?

☒ Yes ☐ 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"). Lintel should be as per standard design.
7. Slopes of lofts and kitchen platforms to be checked by using 12" spirit level and check height from floor from 2 or 3 points.
8. Thickness of platforms & lofts should be between 2 & 2.5".
9. Provide single layer table brick at bottom of each door frame without threshold.
10. Check Z angle template size (Z angle for bathroom ventilators not required in new projects).
11. Window opening must be checked with MS square pipe templates of 2 sizes for inner and outer openings.
12. Z angle template must be 1" from brick wall surface from the inner side.

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 design & level (✓ or X) | Door diagonal check (✓ or X) | Door Plumb - two sides (✓ or X) | Windows lintel design & level. Sill level (✓ or X) | Windows size (✓ or X) | Windows - template depth & diagonal (✓ or X) | Windows - template red oxide painting (✓ or X) | Loft & Kitchen platform height (✓ or X) | Loft & Kitchen platform slope (✓ or X) | Door size, face and position (✓ or X) |
|----------|---------------------|------------------------------------------------------------------------------------------------------------------------|----------------------------------------|-------------------------------------|------------------------------|---------------------------------|----------------------------------------------------|-----------------------|----------------------------------------------|------------------------------------------------|-----------------------------------------|----------------------------------------|---------------------------------------|
| 1        | Bedroom 1 M-bed     | ✓                                                                                                                      | XX                                     | ✓                                   | ✓                            | ✓                               | ✓                                                  | ✓                     | ✓                                            | ✓                                              | ✓                                       | ✓                                      | ✓                                     |
| 2        | Toilet 1 M-toil     | ✓                                                                                                                      | ✓                                      | ✓                                   | ✓                            | ✓                               | ✓                                                  | ✓                     | ✓                                            | ✓                                              | ✓                                       | ✓                                      | ✓                                     |
| 3        | Bedroom 2 K-bed     | ✓                                                                                                                      | XX                                     | ✓                                   | ✓                            | ✓                               | ✓                                                  | ✓                     | ✓                                            | ✓                                              | ✓                                       | ✓                                      | ✓                                     |
| 4        | Toilet 2 C-toil     | ✓                                                                                                                      | ✓                                      | ✓                                   | ✓                            | ✓                               | ✓                                                  | ✓                     | ✓                                            | ✓                                              | ✓                                       | ✓                                      | ✓                                     |
| 5        | Bedroom 3 G-bed     | ✓                                                                                                                      | XX                                     | ✓                                   | ✓                            | ✓                               | ✓                                                  | ✓                     | ✓                                            | ✓                                              | ✓                                       | ✓                                      | ✓                                     |
| 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: |                     | 1) Near Column side door frames instead of L-Patti (12) they are provided hole-pass (it is not as per specifications). |                                        |                                     |                              |                                 |                                                    |                       |                                              |                                                |                                         |                                        |                                       |
|          |                     |                                                                                                                        |                                        |                                     |                              |                                 |                                                    |                       |                                              |                                                |                                         |                                        |                                       |
|          |                     |                                                                                                                        |                                        |                                     |                              |                                 |                                                    |                       |                                              |                                                |                                         |                                        |                                       |
|          |                     |                                                                                                                        |                                        |                                     |                              |                                 |                                                    |                       |                                              |                                                |                                         |                                        |                                       |

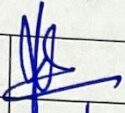
# GULMOHAR RESIDENCY

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

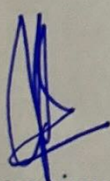
|            |                 |           |                 |
|------------|-----------------|-----------|-----------------|
| Flat No    | C-504           | Block no. | ✓ C             |
| Flat Area  | 1660            | Type      | Deluxe / Luxury |
| Buyer Name | Rahul Yashwanth |           |                 |
| Phone No.  | 9948606319      | 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 8886012354 Mukesh (Father). In case I fail to deliver these items to the site by the specified date, you may complete the works in the flat as per the standard items provided by you.

|             |                                                                                    |            |  |
|-------------|------------------------------------------------------------------------------------|------------|--|
| Buyers sign |  | Engg. Sign |  |
| Date:       | 3/10/22                                                                            | Date       |  |

### 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 cannot 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:

Date:

Changes in electrical points: (mark on plan)

Choice of Bathroom tiles, CP fittings & Sanitary ware:

MB - Lower base flooring - Luma

- Luma dark comm 1.5 m

- Luma light 1 m

→ Luma HL 2 m

~~same as CB.~~

→ pitcher - off white - flooring

ultra sprinable - 5

ultra - L 1

ultra - HL 2

Buyers sign

Engg. Sign:

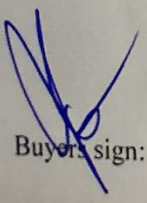
Date:

Choice of colours:

All walls white colour

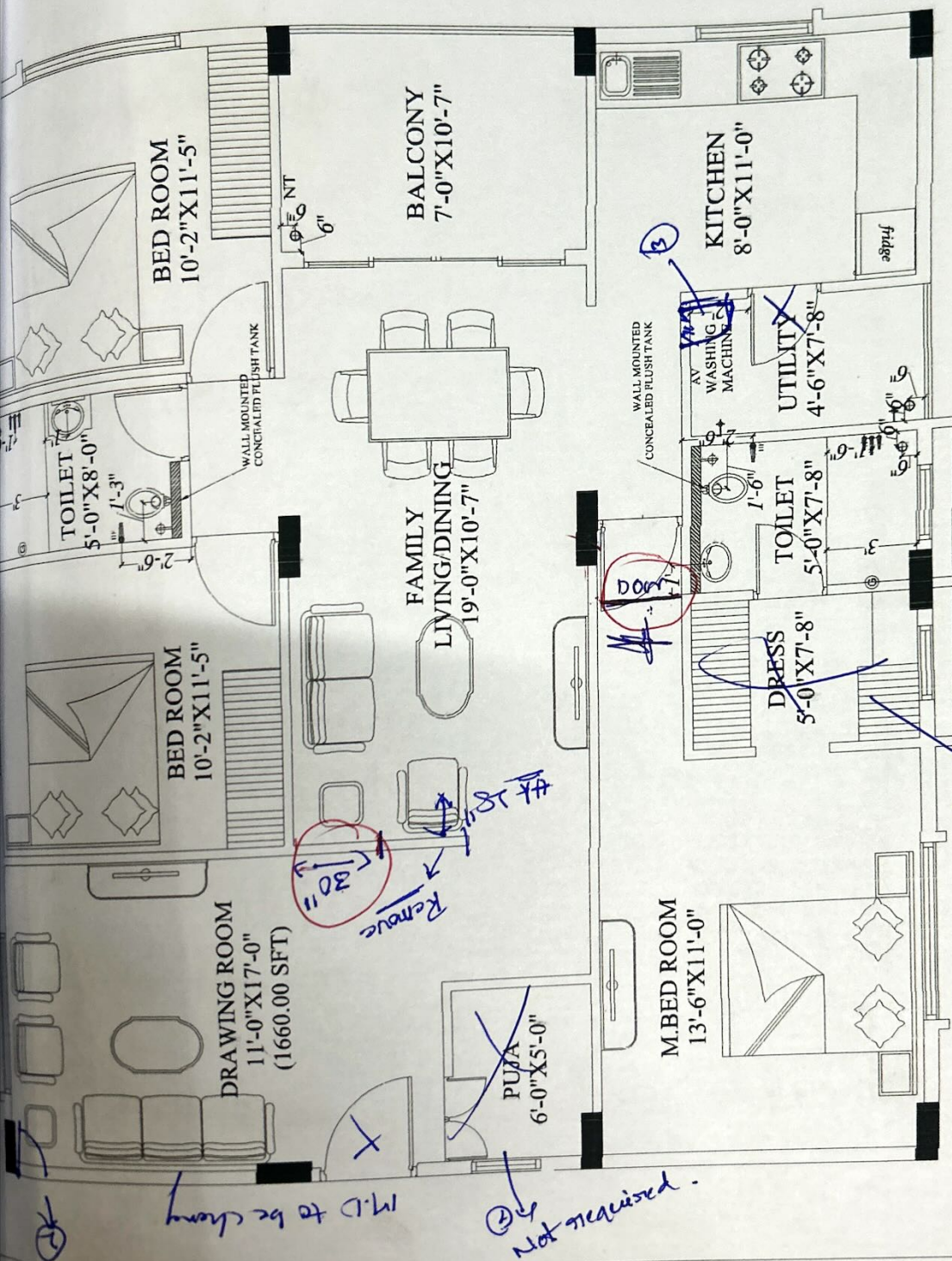
Changes in flooring:

Cambry Puro = Balcony ✓

  
Buyer's sign:

Engg. Sign:

Date:



|                                   |                           |               |                         |
|-----------------------------------|---------------------------|---------------|-------------------------|
| Description                       | Owners & Developers :     | Date :        | Promoted by             |
|                                   | Modi Reality Mallapur LLP | 04.09.20      | Modi Properties Pvt Ltd |
| PLUMBING PLAN-1660 Sft. (B2-TYPE) | Project Name & Phase :    | Prepared By : | Jayapradha              |
|                                   | Gulmohar Residency        | Approved By : | Soham Modi              |
|                                   |                           | Scale :       | N.T.S                   |
|                                   |                           |               | Phone: +91-40-66335551  |