

Construction Division  
Additions & Alteration Charges Approval Form

|                                                           |                                    |                         |                    |
|-----------------------------------------------------------|------------------------------------|-------------------------|--------------------|
| Company Name:                                             | MRMLLP                             | Site                    | Gulmohar Residency |
| Name of the customer                                      | Mr. Sunil Kumar Mishra,            |                         |                    |
| Villa/ Flat No.                                           | F-103-                             |                         |                    |
| Sl.No                                                     | Description                        | Amount                  |                    |
| 1                                                         | Total extra Charges                | 33950-                  |                    |
| 2                                                         | Total refundable amount            | -                       |                    |
| 3                                                         | Net amount to be charges (if any)  | 33950                   |                    |
| 4                                                         | Net amount to be refunded (if any) | -                       |                    |
| Remarks :                                                 |                                    |                         |                    |
| Extra charges towards tiles                               |                                    |                         |                    |
| Thirty three thousand Nine hundred and fifty Rupees only. |                                    |                         |                    |
| Approved by Project Manager                               |                                    | Approved by Design Team | Approved by MD     |
| Date 4/1/2014                                             |                                    | Date                    | Date               |
| Sign: [Signature]                                         |                                    | 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.

F 103

Prepared By

Srinivas N

Date:

03-01-2024

Approved by: Narander Reddy  
Sign:

S No.

I Extra Charges Item Head

Regal Beige 4' x 2'

65% of 1360 SBUA Area  
Skirting 21%

A  
Length  
884  
245

B  
Width  
1  
1

C  
Height  
1  
1

D  
Nos  
1  
1

E=AXBXCXD  
Quantity  
884  
86

F  
Units  
Sft

# ESTIMATE SHEET

Company Name:

MRMLLP

Project:

Guimohar Residency

Work Description:

Extra Specs

Fat No.

F 103

Prepared By

Srinivas N

Date:

03-01-2024

S No.

1 Extra Charges Item Head

Urban Wood Light 4' x 8"  
Skirting

Quantity

884

86

Units

Sft

Sft

Rate

35

35

Amount

30940

3010

33950

Total Amount

In words ; Thirty Three Thousand Nine Hundred Fifty Rupees only

Construction Division  
Additions & Alteration Charges Approval Form

|                      |                        |      |                    |
|----------------------|------------------------|------|--------------------|
| Company Name:        | MRMLLP                 | Site | Gulmohar Residency |
| Name of the customer | Mr. Sunil Kumar Mishra |      |                    |
| Villa/ Flat No.      | F-103                  |      |                    |

| Sl.No | Description                        | Amount |
|-------|------------------------------------|--------|
| 1     | Total extra Charges                | 42,525 |
| 2     | Total refundable amount            | —      |
| 3     | Net amount to be charges (if any)  | 42,525 |
| 4     | Net amount to be refunded (if any) | —      |

|           |
|-----------|
| Remarks : |
|           |
|           |
|           |
|           |
|           |
|           |
|           |
|           |
|           |

|                             |                         |                |
|-----------------------------|-------------------------|----------------|
| Approved by Project Manager | Approved by Design Team | Approved by MD |
| Date 30/8/2023              | Date                    | Date           |
| Sign: [Signature]           | 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 |                                                                                                                             |             |            |             |          |                       | Approved by: Ramprasad |  |
| Work Description: | Extra Specs        |                                                                                                                             |             |            |             |          |                       | Sign:                  |  |
| Flat No.          | F-103              |                                                                                                                             |             |            |             |          |                       |                        |  |
| Prepared By       | K. Narendra Reddy  |                                                                                                                             |             |            |             |          |                       |                        |  |
| Date:             | 30-08-2023         |                                                                                                                             |             |            |             |          |                       |                        |  |
| S No.             | Item Head          | Item Description                                                                                                            | A<br>Length | B<br>Width | C<br>Height | D<br>Nos | E=AXBXCXD<br>Quantity | F<br>Units             |  |
| 1                 | Big Tiles laying   | Big Tiles laying 4' x 2' Flooring (Living & Dining),<br>MBR, Children Bed Room, Guest Bedroom,<br>Kitchen 68 % of 1660 sqft | 1128        | 1          | 1           | 1        | 1128                  |                        |  |
| 2                 | Skirting           | Skirting - 21 % of SBUA 1660 sqft                                                                                           | 349         | 1          | 0           | 1        | 87                    |                        |  |
|                   |                    | Total Area                                                                                                                  | 987         |            |             |          | 1215                  |                        |  |

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| ESTIMATE SHEET    |                                   |                                                                                                                             |          |       |      |          |
|-------------------|-----------------------------------|-----------------------------------------------------------------------------------------------------------------------------|----------|-------|------|----------|
| Company Name:     | MRMLLP                            |                                                                                                                             |          |       |      |          |
| Project:          | Gulmohar Residency                |                                                                                                                             |          |       |      |          |
| Work Description: | Extra Specs                       |                                                                                                                             |          |       |      |          |
| Flat No.          | F-103                             |                                                                                                                             |          |       |      |          |
| Prepared By       | K. Narendar Reddy                 |                                                                                                                             |          |       |      |          |
| Date:             | 30-08-2023                        |                                                                                                                             |          |       |      |          |
| S No.             | Item Head                         | Item Description                                                                                                            | Quantity | Units | Rate | Amount   |
| 1                 | Big Tiles laying<br>Extra Charges | Big Tiles laying 4' x 2' Flooring (Living & Dining,<br>MBR, Children Bed Room, Guest Bedroom,<br>Kitchen 68 % of 1660 sqft) | 1128     | Sqft  | 35   | 39480.00 |
| 2                 | Skirting                          | Skirting - 21 % of SBUA 1660 sqft                                                                                           | 87       | Sqft  | 35   | 3045.00  |
|                   | Total Amount                      |                                                                                                                             |          |       |      | 42525    |

In words Fourty Two Thousand Five Hundred and Twenty Five Rupees only

In words Fourty Two Thousand Five Hundred and Twenty Five Rupees only



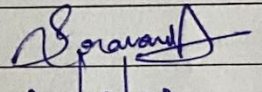
# GULMOHAR RESIDENCY

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

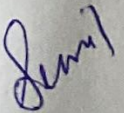
|            |                    |           |                           |
|------------|--------------------|-----------|---------------------------|
| Flat No    | 103                | Block no. | ' F ' ✓                   |
| Flat Area  | 1360 sft           | Type      | Deluxe / Luxury           |
| Buyer Name | Sunil Kumar Mishra |           |                           |
| Phone No.  | 9431475322         | Email     | sunil.mishra1f3@gmail.com |

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 \_\_\_\_\_. 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.

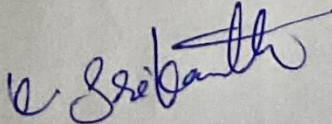
|             |                                                                                     |            |                                                                                       |
|-------------|-------------------------------------------------------------------------------------|------------|---------------------------------------------------------------------------------------|
| Buyers sign |  | Engg. Sign |  |
| Date:       | 20/2/21                                                                             | Date       | 20/2/21                                                                               |

### Note:

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

  
Buyers sign:

Engg. Sign:

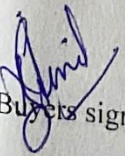


Date:

Choice of colours:

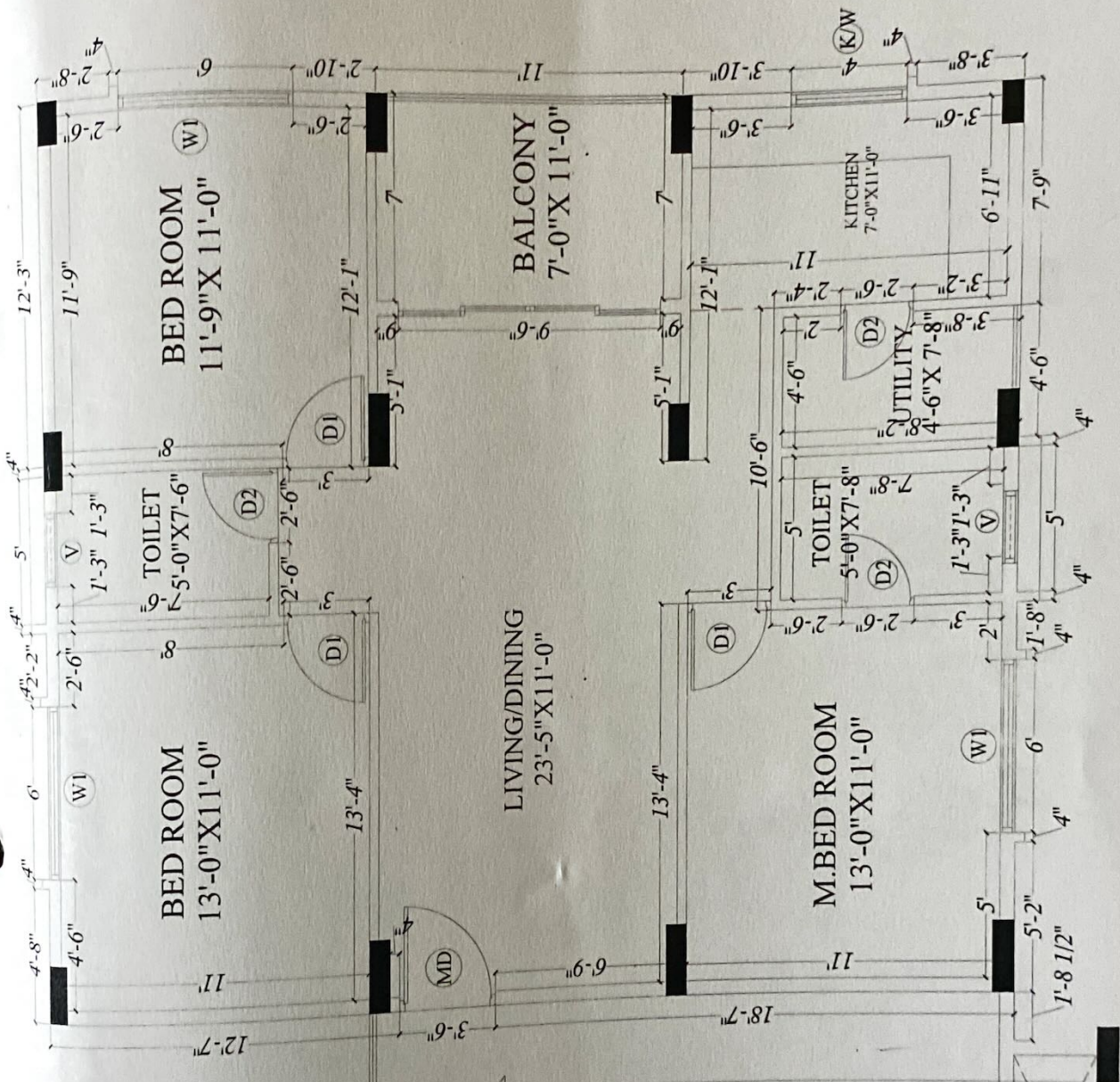
Changes in flooring:

① <sup>earth</sup> Regal Begie in all rooms including kitchen.

  
Buyers sign:

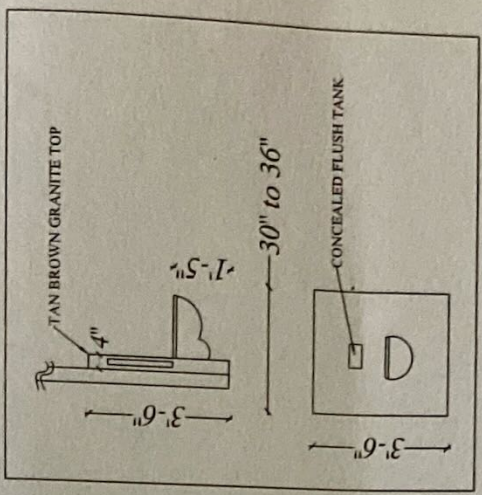
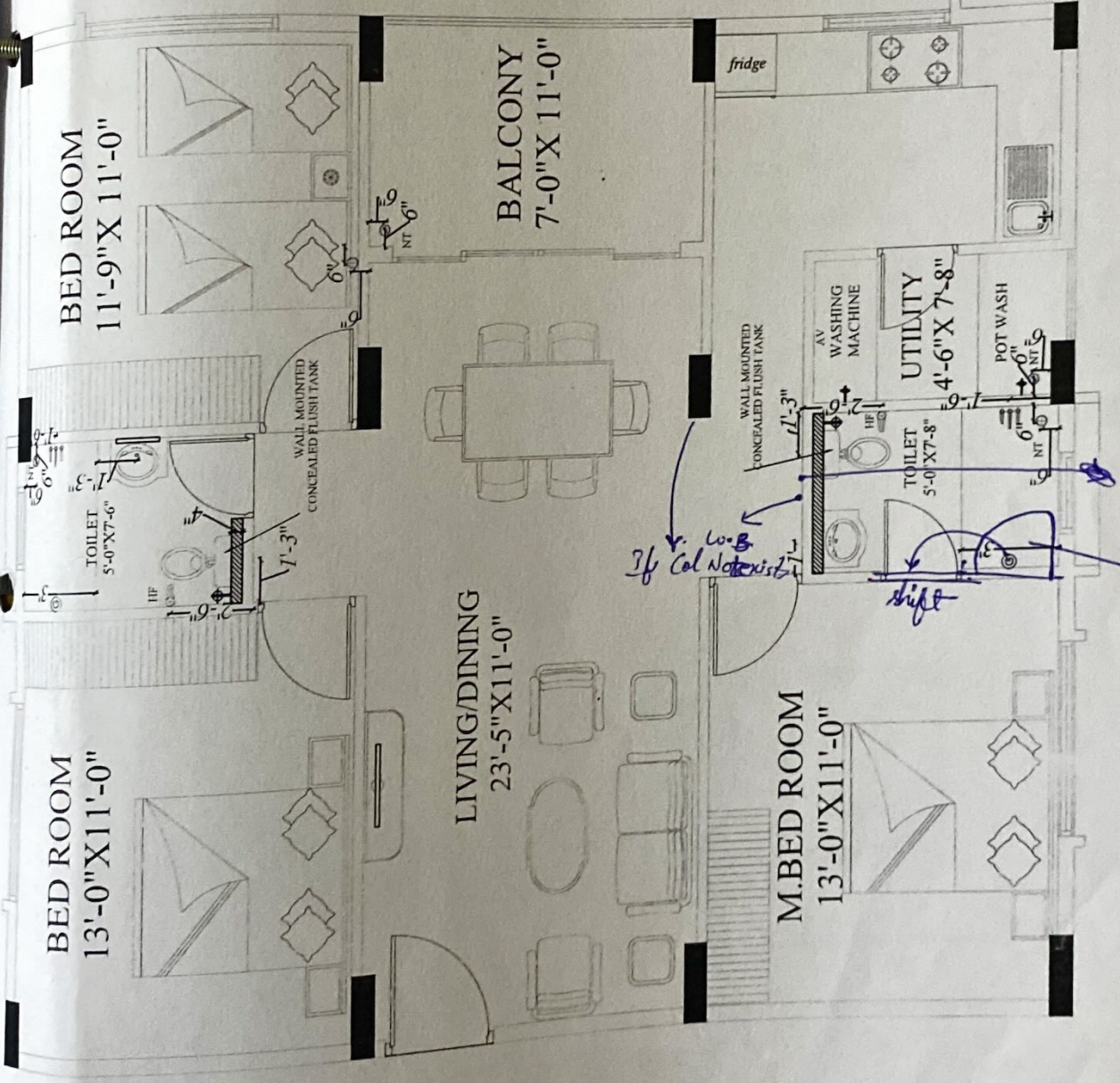
Engg. Sign:

Date:



| Description                    |  | Direction | Owners & Developers :                            |  | Date :     | Promoted by              |  |
|--------------------------------|--|-----------|--------------------------------------------------|--|------------|--------------------------|--|
| WORKING PLAN-1360 Sft -A2 TYPE |  | N         | Modi Realty Mallapur LLP<br>Project Name & Phase |  | 25 09 2020 | Jayapradha<br>Soham Modi |  |
|                                |  |           | Prepared By :                                    |  |            | Modi Properties Pvt Ltd  |  |
|                                |  |           | Approved By :                                    |  |            |                          |  |

*Shree*



LEGEND

|                    |   |
|--------------------|---|
| HEALTH FAUCET      | + |
| ANGLE VALVE        | ⌘ |
| NANI TRAP          | ⊙ |
| 3" RAIN WATER PIPE | ○ |
| GEASER POINT       | ⊗ |
| WALL MIXTURE       | ≡ |
| TAP / LONG BODY    | H |

| Description                      | Direction | Owners & Developers :     | Date :        | Promoted by             |
|----------------------------------|-----------|---------------------------|---------------|-------------------------|
|                                  |           |                           |               |                         |
| PLUMBING PLAN-1360 Sft (A2-TYPE) | N         | Modi Reality Mallapur LLP | 16.09.20      | Modi Properties Pvt Ltd |
|                                  |           | Project Name & Phase :    | Prepared By : |                         |
|                                  |           | Gulmohar Dacidanny        | Approved By : |                         |
|                                  |           |                           | Scale :       | Phone: +91-90-66335551  |

*Shift*

## Complaints And Suggestions from Gulmohar Residency

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From: Gulmohar Residency (info@modiproperties.com)

To: cr@modiproperties.com; feedback@modiproperties.com; kprasad@modiproperties.com;  
gbrambabu@modiproperties.com; gmr-const@modiproperties.in; sunil.mishra173@gmail.com

Date: Saturday, January 20, 2024 at 11:11 AM GMT+5:30

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Complaint Id : 791782

Project Name : Gulmohar Residency

Block No / Phase : Block F

Flat No/Villa :103

Nature of complaint :Construction

Customer Name : Sunil Mishra

Email : sunil.mishra173@gmail.com

Complaints :

1. Door stopper need to be changed
2. Master bedroom lock not functioning properly. please attend immediately we have to return back to our village

### Note:

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

### ACTION TAKEN REPORT (FOR COMPLAINTS)

|                        |              |                      |            |
|------------------------|--------------|----------------------|------------|
| Flat / bungalow No.    | F-103        | ATR Date             | 23-01-2024 |
| Project                | GMR          | Complaint Date       | 20-01-2024 |
| Customer Name          | SUNIL MISHRA | Com.ID.no:           | 14137      |
| Prepared By            | B.Meenakshi  |                      |            |
| Project Manager's Sign | K.Narender   | Admin Officer's Sign | Meenakshi  |

Note: Original ATR should be submitted to the concerned authority.

|  |                      |           |
|--|----------------------|-----------|
|  | Admin Officer's Sign | Meenakshi |
|--|----------------------|-----------|

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

[illegible]

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

### Quality Control Check Report for ATR on Complaints.

|                               |          |                                                          |                |             |                                                          |
|-------------------------------|----------|----------------------------------------------------------|----------------|-------------|----------------------------------------------------------|
| Flat / bungalow No.           |          | F-103                                                    | ATR Date       |             | 23-01-2024                                               |
| Project                       |          | GMR                                                      | Complaint Date |             | 20-01-2024                                               |
| Customer Name                 |          | Sunil Mishra                                             |                |             |                                                          |
| Prepared by                   | Saikiran | Date                                                     | 27-01-2024     | Sign        | Saikiran                                                 |
| Project Manager               | Narendar | Date                                                     | 27-01-2024     | Sign        | Narendar                                                 |
| HO receipt date               |          |                                                          | Sign           |             |                                                          |
| Checked by MD on              |          |                                                          | MD Sign        |             |                                                          |
| MD's Remarks:                 |          |                                                          |                |             |                                                          |
|                               |          |                                                          |                |             |                                                          |
| CR to send letter to customer |          | <input type="checkbox"/> Yes <input type="checkbox"/> No |                | For filling | <input type="checkbox"/> Yes <input type="checkbox"/> No |

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

[illegible]

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

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |             |         |     |                                |                                                          |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|---------|-----|--------------------------------|----------------------------------------------------------|
| Flat No.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | F-103       | Others  |     | Sl. No.                        | 38992                                                    |
| Company                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | MRM- (LLP)  | Project | GMR | Phase                          | -                                                        |
| Prepared by                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | P. Bhargava | Sign    |     | Date                           | 15-12-21                                                 |
| Project Manager                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Ramprasad   | Sign    |     | Date                           | 15-12-21                                                 |
| Previous Stage report no.                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |             |         |     | Report filed and signed by PM? | Yes                                                      |
| Apartment No.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |             | 38082   |     | other                          |                                                          |
| Checked By MD on                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |             | MD Sign |     | For filling                    | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <p>Recommendation:</p> <p><input type="checkbox"/> Stop further work. Submit ATR on QC report to QC team. Proceed only after recheck by QC.</p> <p><input type="checkbox"/> Stop further work. Proceed with work after submitting ATR on QC report to QC team.</p> <p><input checked="" type="checkbox"/> Proceed with further work only after making corrections pointed out in the QC report. ATR not required.</p> <p><input type="checkbox"/> Proceed with further work. ATR not required.</p> |             |         |     |                                |                                                          |

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

# 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. Room   | ✓                          | X                         | ✓                        | ✓                                           | ✓                           | ✓                                       | ✓                    | ✓                                | ✓                              | ✓                       | ✓                                 | ✓                                      |
| 2                                                                | Toilet 1 M. Toi     | ✓                          | ✓                         | ✓                        | ✓                                           | ✓                           | ✓                                       | ✓                    | ✓                                | ✓                              | ✓                       | ✓                                 | ✓                                      |
| 3                                                                | Bedroom 2 K.B       | ✓                          | ✓                         | ✓                        | ✓                                           | ✓                           | ✓                                       | ✓                    | ✓                                | ✓                              | ✓                       | ✓                                 | ✓                                      |
| 4                                                                | Toilet 2 C-Toi      | ✓                          | ✓                         | ✓                        | ✓                                           | ✓                           | ✓                                       | ✓                    | ✓                                | ✓                              | ✓                       | ✓                                 | ✓                                      |
| 5                                                                | Bedroom 3 Gr.B      | ✓                          | ✓                         | ✓                        | ✓                                           | ✓                           | ✓                                       | ✓                    | ✓                                | ✓                              | ✓                       | ✓                                 | ✓                                      |
| 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) P.C.C. was not laid in both toilets.                          |                     |                            |                           |                          |                                             |                             |                                         |                      |                                  |                                |                         |                                   |                                        |
| 2) As per customer's request some changes were done in the flat. |                     |                            |                           |                          |                                             |                             |                                         |                      |                                  |                                |                         |                                   |                                        |

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

|                                                           |                                                                                                        |
|-----------------------------------------------------------|--------------------------------------------------------------------------------------------------------|
| Quality of edges and corners in all rooms?                | <input type="checkbox"/> Good <input checked="" type="checkbox"/> Avg. <input type="checkbox"/> Bad    |
| Specify rooms that need correction:                       |                                                                                                        |
|                                                           |                                                                                                        |
|                                                           |                                                                                                        |
| Misc. Checks.                                             |                                                                                                        |
| Was 3.75 CFT proportion box provided?                     | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No                                    |
| Condition of proportion box?                              | <input type="checkbox"/> Good <input checked="" type="checkbox"/> Avg. <input type="checkbox"/> Bad    |
| Was the Apartment cleaned before starting brick work?     | <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Cant' say |
| Is the Apartment cleaned for plastering?                  | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No                                    |
| Wastage?                                                  | <input type="checkbox"/> High <input checked="" type="checkbox"/> Medium <input type="checkbox"/> Low  |
| Storage of building material like bricks sand and cement. | <input type="checkbox"/> Good <input checked="" type="checkbox"/> Avg. <input type="checkbox"/> Bad    |
| Drum (200 ltrs) provided for curing in each flat?         | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No                                    |
| Remarks:                                                  |                                                                                                        |
|                                                           |                                                                                                        |

## Door Frames & Windows check

Notes:

1. Mark ✓ for correct or minor mistake which does not require correction
2. Mark ✗ for minor mistake that requires minor correction.
3. Mark ✗✗ for major mistake that requires correction by replacement or re-fixing.
4. Mark ✗✗✗ for major mistake that cannot be corrected.
5. Window template depth should be between 2 to 2 1/2" after plastering.
6. Lintel level should be 7'3" from SFL & 7' from FFL. (Tolerance 1"). 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. (Tolerance 1")
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. Bd     | <                                     | <                                      | <                                   | <                            | <                               | <                                                  | <                     | <                                             | <                                              | <                                       | <                                      | <                                     |
| 2        | Toilet 1 M. Toi     | <                                     | <                                      | <                                   | <                            | <                               | <                                                  | <                     | <                                             | <                                              | <                                       | <                                      | <                                     |
| 3        | Bedroom 2 K. B      | <                                     | <                                      | <                                   | <                            | <                               | <                                                  | <                     | <                                             | <                                              | <                                       | <                                      | <                                     |
| 4        | Toilet 2 C. Toi     | <                                     | <                                      | <                                   | <                            | <                               | <                                                  | <                     | <                                             | <                                              | <                                       | <                                      | <                                     |
| 5        | Bedroom 3 G. B      | <                                     | <                                      | <                                   | <                            | <                               | <                                                  | <                     | <                                             | <                                              | <                                       | <                                      | <                                     |
| 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: |                     |                                       |                                        |                                     |                              |                                 |                                                    |                       |                                               |                                                |                                         |                                        |                                       |
|          |                     |                                       |                                        |                                     |                              |                                 |                                                    |                       |                                               |                                                |                                         |                                        |                                       |
|          |                     |                                       |                                        |                                     |                              |                                 |                                                    |                       |                                               |                                                |                                         |                                        |                                       |
|          |                     |                                       |                                        |                                     |                              |                                 |                                                    |                       |                                               |                                                |                                         |                                        |                                       |
|          |                     |                                       |                                        |                                     |                              |                                 |                                                    |                       |                                               |                                                |                                         |                                        |                                       |

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

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                |         |                |                                                          |          |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|---------|----------------|----------------------------------------------------------|----------|
| Flat No.                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | F-103          | Other   |                | Sl. No.                                                  | 39162    |
| Company                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | MRM (LLP)      | Project | CMX            | Phase                                                    | -        |
| Prepared by                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | G. Vinod Kumar | Sign    | T. Vinod Kumar | Date                                                     | 12-01-22 |
| Project Manager                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Ram Prasad     | Sign    | R. Prasad      | Date                                                     | 12-01-22 |
| Previous stage report no.                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                | 38992   |                | Report filed and signed by PM?                           |          |
| Checked By MD on                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                | MD Sign |                | <input type="checkbox"/> Yes <input type="checkbox"/> No |          |
| Recommendation:<br><input type="checkbox"/> Stop further work. Submit ATR on QC report to QC team. Proceed only after recheck by QC.<br><input type="checkbox"/> Stop further work. Proceed with work after submitting ATR on QC report to QC team.<br><input checked="" type="checkbox"/> Proceed with further work only after making corrections pointed out in the QC report. ATR not required.<br><input type="checkbox"/> Proceed with further work. ATR not required. |                |         |                |                                                          |          |

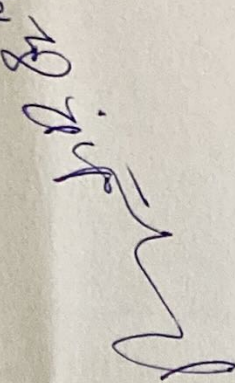
Inspection should be done after:

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

## Plastering Check

Notes:

1. Mark ✓ for correct or minor mistake which does not require correction
2. Mark X for minor mistake that requires minor correction.
3. Mark X X for major mistake that requires correction by replacement or re-fixing.
4. Mark X X X for major mistake that cannot be corrected.
5. 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 lippum work. Tolerance 1/4".
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 be of uniform thickness, correct height, at one level & without broken edges.

  
 18/01/22

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

| S No    | Room                 | Skirting Provision<br>(✓ or X) | Furnishing around<br>door frame (✓ or X) | Beams & columns<br>finishing (✓ or X) | Finishing of lofts (✓<br>or X) | Electricity junctions<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"<br>above FFL? (✓ or X) |
|---------|----------------------|--------------------------------|------------------------------------------|---------------------------------------|--------------------------------|---------------------------------------------|---------------------------|-----------------------------|-----------------------------------|-------------------------------------|--------------------------------------------------|---------------------------------------------|----------------------------------------|
| 1       | Bedroom 1-M.Bed      | ✓                              | ✓                                        | ✓                                     | ✓                              | ✓                                           | ✓                         | ✓                           | ✓                                 | ✓                                   | ✓                                                | ✓                                           | ✓                                      |
| 2       | Toilet 1-M.TOI       | ✓                              | ✓                                        | ✓                                     | ✓                              | ✓                                           | ✓                         | ✓                           | ✓                                 | ✓                                   | ✓                                                | ✓                                           | ✓                                      |
| 3       | Bedroom 2-C.Bed      | ✓                              | ✓                                        | ✓                                     | ✓                              | ✓                                           | ✓                         | ✓                           | ✓                                 | ✓                                   | ✓                                                | ✓                                           | ✓                                      |
| 4       | Toilet 2-C.TOI       | ✓                              | ✓                                        | ✓                                     | ✓                              | ✓                                           | ✓                         | ✓                           | ✓                                 | ✓                                   | ✓                                                | ✓                                           | ✓                                      |
| 5       | Bedroom 3-C.Bed      | ✓                              | ✓                                        | ✓                                     | ✓                              | ✓                                           | ✓                         | ✓                           | ✓                                 | ✓                                   | ✓                                                | ✓                                           | ✓                                      |
| 6       | Toilet 3             | ✓                              | ✓                                        | ✓                                     | ✓                              | ✓                                           | ✓                         | ✓                           | ✓                                 | ✓                                   | ✓                                                | ✓                                           | ✓                                      |
| 7       | Bedroom 4-           | ✓                              | ✓                                        | ✓                                     | ✓                              | ✓                                           | ✓                         | ✓                           | ✓                                 | ✓                                   | ✓                                                | ✓                                           | ✓                                      |
| 8       | Toilet 4             | ✓                              | ✓                                        | ✓                                     | ✓                              | ✓                                           | ✓                         | ✓                           | ✓                                 | ✓                                   | ✓                                                | ✓                                           | ✓                                      |
| 9       | Drawing              | ✓                              | ✓                                        | ✓                                     | ✓                              | ✓                                           | ✓                         | ✓                           | ✓                                 | ✓                                   | ✓                                                | ✓                                           | ✓                                      |
| 10      | Dining               | ✓                              | ✓                                        | ✓                                     | ✓                              | ✓                                           | ✓                         | ✓                           | ✓                                 | ✓                                   | ✓                                                | ✓                                           | ✓                                      |
| 11      | Lobby 1              | ✓                              | ✓                                        | ✓                                     | ✓                              | ✓                                           | ✓                         | ✓                           | ✓                                 | ✓                                   | ✓                                                | ✓                                           | ✓                                      |
| 12      | Lobby 2 (4th flr)    | ✓                              | ✓                                        | ✓                                     | ✓                              | ✓                                           | ✓                         | ✓                           | ✓                                 | ✓                                   | ✓                                                | ✓                                           | ✓                                      |
| 13      | Terrace/balcony 1    | ✓                              | ✓                                        | ✓                                     | ✓                              | ✓                                           | ✓                         | ✓                           | ✓                                 | ✓                                   | ✓                                                | ✓                                           | ✓                                      |
| 14      | Terrace / balcony 2  | ✓                              | ✓                                        | ✓                                     | ✓                              | ✓                                           | ✓                         | ✓                           | ✓                                 | ✓                                   | ✓                                                | ✓                                           | ✓                                      |
| 15      | Terrace / balcony 3- | ✓                              | ✓                                        | ✓                                     | ✓                              | ✓                                           | ✓                         | ✓                           | ✓                                 | ✓                                   | ✓                                                | ✓                                           | ✓                                      |
| 16      | Portico              | ✓                              | ✓                                        | ✓                                     | ✓                              | ✓                                           | ✓                         | ✓                           | ✓                                 | ✓                                   | ✓                                                | ✓                                           | ✓                                      |
| 17      | Kitchen              | ✓                              | ✓                                        | ✓                                     | ✓                              | ✓                                           | ✓                         | ✓                           | ✓                                 | ✓                                   | ✓                                                | ✓                                           | ✓                                      |
| 18      | Other                | ✓                              | ✓                                        | ✓                                     | ✓                              | ✓                                           | ✓                         | ✓                           | ✓                                 | ✓                                   | ✓                                                | ✓                                           | ✓                                      |
| Remarks |                      |                                |                                          |                                       |                                |                                             |                           |                             |                                   |                                     |                                                  |                                             |                                        |
|         |                      |                                |                                          |                                       |                                |                                             |                           |                             |                                   |                                     |                                                  |                                             |                                        |
|         |                      |                                |                                          |                                       |                                |                                             |                           |                             |                                   |                                     |                                                  |                                             |                                        |

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

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |            |         |                                          |                                                                     |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|---------|------------------------------------------|---------------------------------------------------------------------|
| Flat No.                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | F-103      | Other   | SI. No.                                  | 39493                                                               |
| Company                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | MRM-CLP    | Project | Phase                                    |                                                                     |
| Prepared by                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | P Bhardwaj | Sign    | Date                                     | 08-03-22                                                            |
| Project Manager                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Ram prasad | Sign    | Date                                     | 08-03-22                                                            |
| Previous stage report no.                                                                                                                                                                                                                                                                                                                                                                                                                                                          |            |         | Report filed and signed by PM?           | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| Additions & alterations sheet date                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 39162      |         | All pages signed by engineer & customer? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| Checked By MD on                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 20/2/21    | MD Sign | For filling                              | <input type="checkbox"/> Yes <input type="checkbox"/> No            |
| <b>Recommendation:</b><br><input type="checkbox"/> Stop further work. Submit ATR on QC report to QC team. Proceed only after recheck by QC.<br><input type="checkbox"/> Stop further work. Proceed with work after submitting ATR on QC report to QC team.<br><input checked="" type="checkbox"/> Proceed with further work only after making corrections pointed out in the QC report. ATR not required.<br><input type="checkbox"/> Proceed with further work. ATR not required. |            |         |                                          |                                                                     |

Inspection should be done after:

- 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 completed. Get the QC Report have been completed. Work can proceed to next stage.
- additions & alterations sheets to be transferred to QC file. QC to check if A&A are made as per request.

## After Plumbing & Electrical Check.

Notes:

1. Mark ☒ for correct or minor mistake which does not require correction
2. Mark ☒ for minor mistake that requires minor correction.
3. Mark ☒ for major mistake that requires correction by replacement or re-fixing.
4. Mark ☒ for major mistake that cannot be corrected.
5. Location of CPVC & PVC fittings must be checked as per measurements given in circular. Tolerance 1".
6. Location, height and spirit level of electrical points must be checked as per measurements given in circular & plan. Tolerance 1".
7. Civil work near pipes in balcony & utility must be neat and mortar should be removed from the pipes.
8. Water proofing must cover all pipes & check height above SFL.
9. Fasteners must be used as specified in circular. Especially check fixing of PVC pipes.
10. Height of DB box must be 6" below false ceiling level or 12" below slab level.
11. In case of many changes in civil work, electrical work and plumbing work, a new drawing must be prepared at HO and approved by MD.

Project In-charge Sign Date

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

|                                    |           |                                          |                                                                     |          |
|------------------------------------|-----------|------------------------------------------|---------------------------------------------------------------------|----------|
| Flat No.                           | F-103     | Other                                    | Sl. No.                                                             | 39493    |
| Company                            | MRM-CLUB  | Project                                  | Phase                                                               |          |
| Prepared by                        | P Bhadach | Sign                                     | Date                                                                | 08-03-22 |
| Project Manager                    | Ramprasad | Sign                                     | Date                                                                | 08-03-22 |
| Previous stage report no.          | 39162     | Report filed and signed by PM?           | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |          |
| Additions & alterations sheet date | 20/2/21   | All pages signed by engineer & customer? | 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:

- ☐ 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 completed.
- additions & alterations sheets to be transferred to QC file. QC to check if A&A are made as per request.

## After Plumbing & Electrical Check.

Notes:

1. Mark ☒ for correct or minor mistake which does not require correction
2. Mark ☒ for minor mistake that requires minor correction.
3. Mark ☒ for major mistake that requires correction by replacement or re-fixing.
4. Mark ☒ for major mistake that cannot be corrected.
5. Location of CPVC & PVC fittings must be checked as per measurements given in circular. Tolerance 1".
6. Location, height and spirit level of electrical points must be checked as per measurements given in circular & plan. Tolerance 1".
7. Civil work near pipes in balcony & utility must be neat and mortar should be removed from the pipes.
8. Water proofing must cover all pipes & check height above SFL.
9. Fasteners must be used as specified in circular. Especially check fixing of PVC pipes.
10. Height of DB box must be 6" below false ceiling level or 12" below slab level.
11. In case of many changes in civil work, electrical work and plumbing work, a new drawing must be prepared at HO and approved by MD.

Project In-charge Sign 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 K. Bed    | -                                                                                                                                | ✓                                      | ✓                                             | -                                                                   | -                                                   | -                                      | -                                          |
| 4                                        | Toilet 2 C. Toi     | -                                                                                                                                | -                                      | ✓                                             | -                                                                   | -                                                   | -                                      | -                                          |
| 5                                        | Bedroom 3 G. Bed    | -                                                                                                                                | ✓                                      | ✓                                             | ✓                                                                   | -                                                   | -                                      | -                                          |
| 6                                        | Toilet 3            | -                                                                                                                                | -                                      | ✓                                             | -                                                                   | -                                                   | -                                      | -                                          |
| 7                                        | Drawing             | -                                                                                                                                | -                                      | -                                             | -                                                                   | -                                                   | -                                      | -                                          |
| 8                                        | Dining              | -                                                                                                                                | -                                      | ✓                                             | -                                                                   | -                                                   | -                                      | -                                          |
| 9                                        | Lobby 1             | -                                                                                                                                | -                                      | ✓                                             | -                                                                   | -                                                   | ✓                                      | -                                          |
| 10                                       | Utility / balcony 1 | ✓                                                                                                                                | -                                      | -                                             | -                                                                   | -                                                   | -                                      | -                                          |
| 11                                       | Utility / balcony 2 | -                                                                                                                                | ✓                                      | ✓                                             | ✓                                                                   | -                                                   | -                                      | -                                          |
| 12                                       | Utility / balcony 3 | -                                                                                                                                | ✓                                      | ✓                                             | -                                                                   | -                                                   | -                                      | -                                          |
| 13                                       | Kitchen             | -                                                                                                                                | -                                      | -                                             | -                                                                   | -                                                   | -                                      | -                                          |
| 14                                       | Other               | -                                                                                                                                | ✓                                      | ✓                                             | -                                                                   | -                                                   | -                                      | -                                          |
| 15                                       | Other               | -                                                                                                                                | -                                      | -                                             | -                                                                   | -                                                   | -                                      | -                                          |
| Remarks                                  |                     | Done coat of hyppom provided, as per customers request changes were done in the flat. 2) Extra fasteners to be used in both Toi. |                                        |                                               |                                                                     |                                                     |                                        |                                            |
| Remarks on additions & alteration sheet: |                     |                                                                                                                                  |                                        |                                               |                                                                     |                                                     |                                        |                                            |
| Signed by engineer,                      |                     | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No                                                              | Signed by customer,                    |                                               | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |                                                     |                                        |                                            |
| Revised drawing required from HO         |                     | <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                         | Approved revised drawing attached      |                                               | <input type="checkbox"/> Yes <input type="checkbox"/> No            |                                                     |                                        |                                            |

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

Miscellaneous check

Screeding done on walls upto 12" outside bathroom/utility

Bathroom /utility filled with 4" water for water proof check

Hole packing done around all pipes in ceiling and internal walls

Remarks:

|                                                                     |
|---------------------------------------------------------------------|
| <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
|                                                                     |
|                                                                     |
|                                                                     |
|                                                                     |

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

|                           |               |         |                               |                                                                     |            |
|---------------------------|---------------|---------|-------------------------------|---------------------------------------------------------------------|------------|
| Flat No                   | F-103         | Other   |                               | Sl. No.                                                             | 40635      |
| Company                   | MRM-ULP       | Project | GMR                           | Phase                                                               | -          |
| Prepared by               | R.S. SAIKIRAN | Sign    | R.S. SAIKIRAN                 | Date                                                                | 04-10-2022 |
| Project Manager           | PAM PRASAD    | Sign    | PAM PRASAD                    | Date                                                                | 04-10-2022 |
| Previous stage report no. |               |         | 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.

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

|                   |                    |         |
|-------------------|--------------------|---------|
| Project In-charge | Sign               | Date    |
|                   | <i>[Signature]</i> | 8/10/22 |

## Miscellaneous check:

|                                                                  |                                                                                          |                                                         |                                                                                                     |
|------------------------------------------------------------------|------------------------------------------------------------------------------------------|---------------------------------------------------------|-----------------------------------------------------------------------------------------------------|
| Modular kitchen to be provided                                   | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No                      | Modular kitchen provided                                | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                 |
| Modular kitchen workman ship                                     | <input type="checkbox"/> Good <input type="checkbox"/> Avg <input type="checkbox"/> Poor | Modular kitchen granite & dado workman ship & finishing | <input type="checkbox"/> Good <input type="checkbox"/> Avg <input type="checkbox"/> Poor            |
| Video door phone /wifi cam to be provided                        | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No                      | Video door phone/wifi cam provided                      | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                 |
| Painting marks and drops are cleaned from floor, windows, walls. |                                                                                          |                                                         | <input type="checkbox"/> Good <input 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 C.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) In G.Bed, window was damaged & should be replace. Grill was not fixed. (2) utility grill was not fixed. (3) seepage was appear in Drawing & M.Bed. |                                         |                         |                                   |                 |                            |                                     |                               |                             |               |                                                      |                              |

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

|                           |                |         |                               |                                                                     |                                                          |
|---------------------------|----------------|---------|-------------------------------|---------------------------------------------------------------------|----------------------------------------------------------|
| Flat No                   | F-103          | Other   | -                             | Sl. No.                                                             | 40128                                                    |
| Company                   | MRM-LCP        | Project | GMR                           | Phase                                                               | -                                                        |
| Prepared by               | R.S. SATHI RAN | Sign    | <i>[Signature]</i>            | Date                                                                | 30-06-2022                                               |
| Project Manager           | RAM PAATHAD    | Sign    | <i>[Signature]</i>            | Date                                                                | 30-06-2022                                               |
| Previous stage report no. |                |         | Report filed and signed by PM | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |                                                          |
| Checked By MD on          |                | MD Sign | 39493                         | 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 checked="" type="checkbox"/> Good <input type="checkbox"/> Avg <input type="checkbox"/> Poor |
| Main door granite soffit workmanship  | <input checked="" type="checkbox"/> Good <input 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 |
| <i>[Signature]</i> | <i>[Signature]</i> |      |

| 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-toi            | ✓                                                                         | X                                      | ✓                 | ✓                    | ✓                         | ✓                          | ✓                                   | ✓                          | ✓                   | ✓                                             | ✓                      | ✓                       | ✓                                |  |
| 2                     | Toilet 2 C-toi            | ✓                                                                         | ✓                                      | ✓                 | ✓                    | ✓                         | ✓                          | ✓                                   | ✓                          | ✓                   | ✓                                             | ✓                      | ✓                       | ✓                                |  |
| 3                     | Toilet 3                  | ✓                                                                         | ✓                                      | ✓                 | ✓                    | ✓                         | ✓                          | ✓                                   | ✓                          | ✓                   | ✓                                             | ✓                      | ✓                       | ✓                                |  |
| 4                     | Toilet 4                  | ✓                                                                         | ✓                                      | ✓                 | ✓                    | ✓                         | ✓                          | ✓                                   | ✓                          | ✓                   | ✓                                             | ✓                      | ✓                       | ✓                                |  |
| 5                     | Wash basin in dining area | ✓                                                                         | ✓                                      | ✓                 | ✓                    | ✓                         | ✓                          | ✓                                   | ✓                          | ✓                   | ✓                                             | ✓                      | ✓                       | ✓                                |  |
| 6                     | Kitchen                   | ✓                                                                         | ✓                                      | ✓                 | ✓                    | ✓                         | ✓                          | ✓                                   | ✓                          | ✓                   | ✓                                             | ✓                      | ✓                       | ✓                                |  |
| 7                     | Utility                   | ✓                                                                         | ✓                                      | ✓                 | ✓                    | ✓                         | ✓                          | ✓                                   | ✓                          | ✓                   | ✓                                             | ✓                      | ✓                       | ✓                                |  |
| 8                     | Other                     |                                                                           |                                        |                   |                      |                           |                            |                                     |                            |                     |                                               |                        |                         |                                  |  |
| 9                     | Other                     |                                                                           |                                        |                   |                      |                           |                            |                                     |                            |                     |                                               |                        |                         |                                  |  |
| Remarks               |                           | NOTE :- 1) In m-toi, while cement filling was not done around cpvc lines. |                                        |                   |                      |                           |                            |                                     |                            |                     |                                               |                        |                         |                                  |  |

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

| S No    | Room                | Rate the quality of (Good ✓, Avg. X, Poor - needs correction ✗, NA) |                    |                         |                              |                                    |               |                |               |                                            |                                  |                                               |               |
|---------|---------------------|---------------------------------------------------------------------|--------------------|-------------------------|------------------------------|------------------------------------|---------------|----------------|---------------|--------------------------------------------|----------------------------------|-----------------------------------------------|---------------|
|         |                     | Flooring workman<br>ship & grouting                                 | Skirting size (3") | Skirting<br>workmanship | Plastering above<br>skirting | Plastering &<br>finishing of walls | Crack filling | Loft Finishing | Windows check | General quality of<br>painting & finishing | Door & frame painting<br>quality | Door beading, luppam<br>and painting quality. | Edge building |
| 1       | Bedroom 1 m. Bed    | ✓                                                                   | ✓                  | ✓                       | ✓                            | ✓                                  | ✓             | ✓              | ✓             | ✓                                          | ✓                                | ✓                                             | ✓             |
| 2       | Bedroom 2 4. Bed    | ✓                                                                   | ✓                  | ✓                       | ✓                            | ✓                                  | ✓             | ✓              | ✓             | ✓                                          | ✓                                | ✓                                             | ✓             |
| 3       | Bedroom 3 6. 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 |                     |                                                                     |                    |                         |                              |                                    |               |                |               |                                            |                                  |                                               |               |
|         |                     |                                                                     |                    |                         |                              |                                    |               |                |               |                                            |                                  |                                               |               |
|         |                     |                                                                     |                    |                         |                              |                                    |               |                |               |                                            |                                  |                                               |               |