Anx C - Guideline Rates Approval Form

Form Sl. No.	1096	Scan Id		Date	04.06.2025

Sl. No.	Description of work	Additional specs/remarks	Units	Rate	Rate ID
1.	False ceiling works	Removal of old/damaged false ceiling	Sft	3.00	FAL III
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					

Circular /IM no.		Projects applicable	All projects	Validity	Till further notice
Rate includes GST?	No	GST bill required?	Yes	Work type	Labour only

Remarks:

Approved by project manager	Approved by QS team	Approved by Director
Sign:	Sign:	Sign:
Date:	Date:	Date:

APPROVED BY
16 AUG 2025
ANANTHA KRISHNA
MANAGER (Q.S.)

APPROVED BY
6 JUN 2025
SOHAM MODI

Notes: 1.Site/QS to fill in the word copy of the form. 2. Engineers/purchase to send this form to qs@goodhomeprojects.in. 3. QS to review /correct and send for MDs approval. 4. All rates including those that need updation/correction/clarification in circulars and internal memos must be approved via this form. 5. Enter details for clarity to ensure that there is no ambiguity in applicable rates.