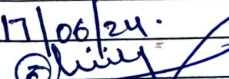


Construction Division  
Additions & Alteration Charges Approval Form

|                                                                                           |                                    |                         |                    |
|-------------------------------------------------------------------------------------------|------------------------------------|-------------------------|--------------------|
| Company Name:                                                                             | MRMLLP                             | Site                    | Gulmohar Residency |
| Name of the customer                                                                      | Sampa Tane / Nirmal Kumar Tane.    |                         |                    |
| Villa/ Flat No.                                                                           |                                    |                         |                    |
| Sl.No                                                                                     | Description                        | Amount                  |                    |
| 1                                                                                         | Total extra Charges                | 34141                   |                    |
| 2                                                                                         | Total refundable amount            | —                       |                    |
| 3                                                                                         | Net amount to be charges (if any)  | 34141                   |                    |
| 4                                                                                         | Net amount to be refunded (if any) | —                       |                    |
| Remarks :                                                                                 |                                    |                         |                    |
| Thirty four thousand one hundred and forty one                                            |                                    |                         |                    |
| rupees only.                                                                              |                                    |                         |                    |
|                                                                                           |                                    |                         |                    |
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|                                                                                           |                                    |                         |                    |
|                                                                                           |                                    |                         |                    |
|                                                                                           |                                    |                         |                    |
| Approved by Project Manager                                                               |                                    | Approved by Design Team |                    |
| Date 17/06/24                                                                             |                                    | Date                    |                    |
| 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.





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

|                           |                |                               |                                                                     |                                                          |
|---------------------------|----------------|-------------------------------|---------------------------------------------------------------------|----------------------------------------------------------|
| Flat No                   | H-401          | Other                         | SI. No.                                                             | 42865                                                    |
| Company                   | MPM-UP         | Project                       | Phase                                                               | -                                                        |
| Prepared by               | Sarkinen       | Sign                          | Date                                                                | 30/03/2024                                               |
| Project Manager           | Narinder/Singh | Sign                          | Date                                                                | 30/03/2024                                               |
| Previous stage report no. |                | Report filed and signed by PM | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                                          |
| Checked By MD on          |                | MD Sign                       | For filling                                                         | <input type="checkbox"/> Yes <input type="checkbox"/> No |

## Recommendation:

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

Inspection should be done after:

- 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.

## 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 II (Apartments)

|                           |           |         |           |                               |                                                          |
|---------------------------|-----------|---------|-----------|-------------------------------|----------------------------------------------------------|
| Flat No                   | H - 401   | Other   | -         | Sl. No.                       | 42784                                                    |
| Company                   | MRMLP     | Project |           | Phase                         | -                                                        |
| Prepared by               | Sakshibha | Sign    | Sakshibha | Date                          | 10/2/23                                                  |
| Project Manager           | Naveender | Sign    | Naveender | Date                          | 10/2/23                                                  |
| Previous stage report no. |           |         |           | Report filed and signed by PM | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Checked By MD on          | 42482     | MD Sign |           | For filling                   | <input type="checkbox"/> Yes <input type="checkbox"/> No |

## Recommendation:

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

Inspection should be done after:

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

## Miscellaneous check:

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

| 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.T              | ✓                                                                    | ✓                                      | ✓                 | ✓                    | ✓                         | ✓                          | ✓                                   | ✓                          | ✓                   | ✓                                             | ✓                      | ✓                       | ✓                                |  |
| 2                     | Toilet 2 C.T              | ✓                                                                    | ✓                                      | ✓                 | ✓                    | ✓                         | ✓                          | ✓                                   | ✓                          | ✓                   | ✓                                             | ✓                      | ✓                       | ✓                                |  |
| 3                     | Toilet 3                  | ✓                                                                    | ✓                                      | ✓                 | ✓                    | ✓                         | ✓                          | ✓                                   | ✓                          | ✓                   | ✓                                             | ✓                      | ✓                       | ✓                                |  |
| 4                     | Toilet 4                  | ✓                                                                    | ✓                                      | ✓                 | ✓                    | ✓                         | ✓                          | ✓                                   | ✓                          | ✓                   | ✓                                             | ✓                      | ✓                       | ✓                                |  |
| 5                     | Wash basin-in dining area | ✓                                                                    | ✓                                      | ✓                 | ✓                    | ✓                         | ✓                          | ✓                                   | ✓                          | ✓                   | ✓                                             | ✓                      | ✓                       | ✓                                |  |
| 6                     | Kitchen                   | ✓                                                                    | ✓                                      | ✓                 | ✓                    | ✓                         | ✓                          | ✓                                   | ✓                          | ✓                   | ✓                                             | ✓                      | ✓                       | ✓                                |  |
| 7                     | Utility                   | ✓                                                                    | ✓                                      | ✓                 | ✓                    | ✓                         | ✓                          | ✓                                   | ✓                          | ✓                   | ✓                                             | ✓                      | ✓                       | ✓                                |  |
| 8                     | Other                     | ✓                                                                    | ✓                                      | ✓                 | ✓                    | ✓                         | ✓                          | ✓                                   | ✓                          | ✓                   | ✓                                             | ✓                      | ✓                       | ✓                                |  |
| 9                     | Other                     | ✓                                                                    | ✓                                      | ✓                 | ✓                    | ✓                         | ✓                          | ✓                                   | ✓                          | ✓                   | ✓                                             | ✓                      | ✓                       | ✓                                |  |
| Remarks               |                           | NOTE: 1) Finishing of top of tiles to be done.                       |                                        |                   |                      |                           |                            |                                     |                            |                     |                                               |                        |                         |                                  |  |

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

| Flooring & painting                    |                     | Rate the quality of (Good ✓, Avg. X, Poor - needs correction XX, NA) |                                  |                    |                      |                           |                                 |               |                |               |                                         |                               |                                            |               |
|----------------------------------------|---------------------|----------------------------------------------------------------------|----------------------------------|--------------------|----------------------|---------------------------|---------------------------------|---------------|----------------|---------------|-----------------------------------------|-------------------------------|--------------------------------------------|---------------|
| S No                                   | Room                | Color variation of floor tiles                                       | Flooring workman ship & grouting | Skirting size (3") | Skirting workmanship | Plastering above skirting | Plastering & finishing of walls | Crack filling | Loft Finishing | Windows check | General quality of painting & finishing | Door & frame painting quality | Door beading, luppam and painting quality. | Edge building |
| 1                                      | Bedroom 1 M.B       | ✓                                                                    | ✓                                | ✓                  | ✓                    | ✓                         | ✓                               | ✓             | ✓              | ✓             | ✓                                       | ✓                             | ✓                                          | ✓             |
| 2                                      | Bedroom 2 G.B       | ✓                                                                    | ✓                                | ✓                  | ✓                    | ✓                         | ✓                               | ✓             | ✓              | ✓             | ✓                                       | ✓                             | ✓                                          | ✓             |
| 3                                      | Bedroom 3 C.B       | ✓                                                                    | ✓                                | ✓                  | ✓                    | ✓                         | ✓                               | ✓             | ✓              | ✓             | ✓                                       | ✓                             | ✓                                          | ✓             |
| 4                                      | Drawing             | ✓                                                                    | ✓                                | ✓                  | ✓                    | ✓                         | ✓                               | ✓             | ✓              | ✓             | ✓                                       | ✓                             | ✓                                          | ✓             |
| 5                                      | Dining              | ✓                                                                    | ✓                                | ✓                  | ✓                    | ✓                         | ✓                               | ✓             | ✓              | ✓             | ✓                                       | ✓                             | ✓                                          | ✓             |
| 6                                      | Lobby +             | ✓                                                                    | ✓                                | ✓                  | ✓                    | ✓                         | ✓                               | ✓             | ✓              | ✓             | ✓                                       | ✓                             | ✓                                          | ✓             |
| 7                                      | Utility / balcony 1 | ✓                                                                    | ✓                                | ✓                  | ✓                    | ✓                         | ✓                               | ✓             | ✓              | ✓             | ✓                                       | ✓                             | ✓                                          | ✓             |
| 8                                      | Utility / balcony 2 | ✓                                                                    | ✓                                | ✓                  | ✓                    | ✓                         | ✓                               | ✓             | ✓              | ✓             | ✓                                       | ✓                             | ✓                                          | ✓             |
| 9                                      | Utility / balcony 3 | ✓                                                                    | ✓                                | ✓                  | ✓                    | ✓                         | ✓                               | ✓             | ✓              | ✓             | ✓                                       | ✓                             | ✓                                          | ✓             |
| 10                                     | Kitchen             | ✓                                                                    | ✓                                | ✓                  | ✓                    | ✓                         | ✓                               | ✓             | ✓              | ✓             | ✓                                       | ✓                             | ✓                                          | ✓             |
| 11                                     | Other               | ✓                                                                    | ✓                                | ✓                  | ✓                    | ✓                         | ✓                               | ✓             | ✓              | ✓             | ✓                                       | ✓                             | ✓                                          | ✓             |
| 12                                     | Other               | ✓                                                                    | ✓                                | ✓                  | ✓                    | ✓                         | ✓                               | ✓             | ✓              | ✓             | ✓                                       | ✓                             | ✓                                          | ✓             |
| Remarks                                |                     |                                                                      |                                  |                    |                      |                           |                                 |               |                |               |                                         |                               |                                            |               |
| NOTE: 1) Painting works to be improve. |                     |                                                                      |                                  |                    |                      |                           |                                 |               |                |               |                                         |                               |                                            |               |
| Modular kitchen under customer scope.  |                     |                                                                      |                                  |                    |                      |                           |                                 |               |                |               |                                         |                               |                                            |               |
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Draft after finishing stage II, check, report, a.p.s. Dt 17-10-2020 ver5

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

|                                    |            |  |  |                                          |                                                                     |            |
|------------------------------------|------------|--|--|------------------------------------------|---------------------------------------------------------------------|------------|
| Flat No.                           | H-401      |  |  | Other                                    | Sl. No.                                                             | 4282       |
| Company                            | MEM-UP     |  |  | Project                                  | 6UR                                                                 |            |
| Prepared by                        | Sai leish  |  |  | Sign                                     |                                                                     |            |
| Project Manager                    | Nandur     |  |  | Sign                                     |                                                                     |            |
| Previous stage report no.          |            |  |  |                                          | Date                                                                | 17-10-2023 |
| Additions & alterations sheet date | 4 2079     |  |  |                                          | Date                                                                | 17-10-2023 |
| Checked By MD on                   | 29/07/2023 |  |  | Report filed and signed by PM?           | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |            |
| Recommendation:                    | MD Sign    |  |  | All pages signed by engineer & customer? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |            |
|                                    |            |  |  | For filling                              | <input type="checkbox"/> Yes <input type="checkbox"/> No            |            |

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

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

## **After Plumbing & Electrical Check.**

Notes:

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

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

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

# **Quality Control Check Report**      **State: After Plumbing & Electrical (Apartments)**

| S No                                                                                          | Room                | Civil work near pipes in balcony & utility <sup>7</sup> (✓ or X) | CPVC & PVC Check <sup>5</sup> (✓ or X) | Electrical points check <sup>6</sup> (✓ or X) | Water proofing check <sup>8</sup> (✓ or X) | Proper use of fasteners check <sup>9</sup> (✓ or X) | Placement of DB <sup>10</sup> (✓ or X) | Placement of Generator changeover (✓ or X) |
|-----------------------------------------------------------------------------------------------|---------------------|------------------------------------------------------------------|----------------------------------------|-----------------------------------------------|--------------------------------------------|-----------------------------------------------------|----------------------------------------|--------------------------------------------|
| 1                                                                                             | Bedroom 1 M. Bed    | —                                                                | —                                      | —                                             | —                                          | —                                                   | —                                      | —                                          |
| 2                                                                                             | Toilet 1 M. Toi     | —                                                                | —                                      | —                                             | —                                          | —                                                   | —                                      | —                                          |
| 3                                                                                             | Bedroom 2 A. Bed    | —                                                                | —                                      | —                                             | —                                          | —                                                   | —                                      | —                                          |
| 4                                                                                             | Toilet 2 C. Toi     | —                                                                | —                                      | —                                             | —                                          | —                                                   | —                                      | —                                          |
| 5                                                                                             | Bedroom 3 C. Bed    | —                                                                | —                                      | —                                             | —                                          | —                                                   | —                                      | —                                          |
| 6                                                                                             | Toilet 3            | —                                                                | —                                      | —                                             | —                                          | —                                                   | —                                      | —                                          |
| 7                                                                                             | Drawing             | —                                                                | —                                      | —                                             | —                                          | —                                                   | —                                      | —                                          |
| 8                                                                                             | Dining              | —                                                                | —                                      | —                                             | —                                          | —                                                   | —                                      | —                                          |
| 9                                                                                             | Lobby 1             | —                                                                | —                                      | —                                             | —                                          | —                                                   | —                                      | —                                          |
| 10                                                                                            | Utility / balcony 1 | —                                                                | —                                      | —                                             | —                                          | —                                                   | —                                      | —                                          |
| 11                                                                                            | Utility / balcony 2 | X                                                                | —                                      | —                                             | —                                          | —                                                   | —                                      | —                                          |
| 12                                                                                            | Utility / balcony 3 | X                                                                | —                                      | —                                             | —                                          | —                                                   | —                                      | —                                          |
| 13                                                                                            | Kitchen             | —                                                                | —                                      | —                                             | —                                          | —                                                   | —                                      | —                                          |
| 14                                                                                            | Other               | —                                                                | —                                      | —                                             | —                                          | —                                                   | —                                      | —                                          |
| 15                                                                                            | Other               | —                                                                | —                                      | —                                             | —                                          | —                                                   | —                                      | —                                          |
| Remarks <b>NOTE:-1</b> first coat of lapping work not done. (2) level marking was not done... |                     |                                                                  |                                        |                                               |                                            |                                                     |                                        |                                            |

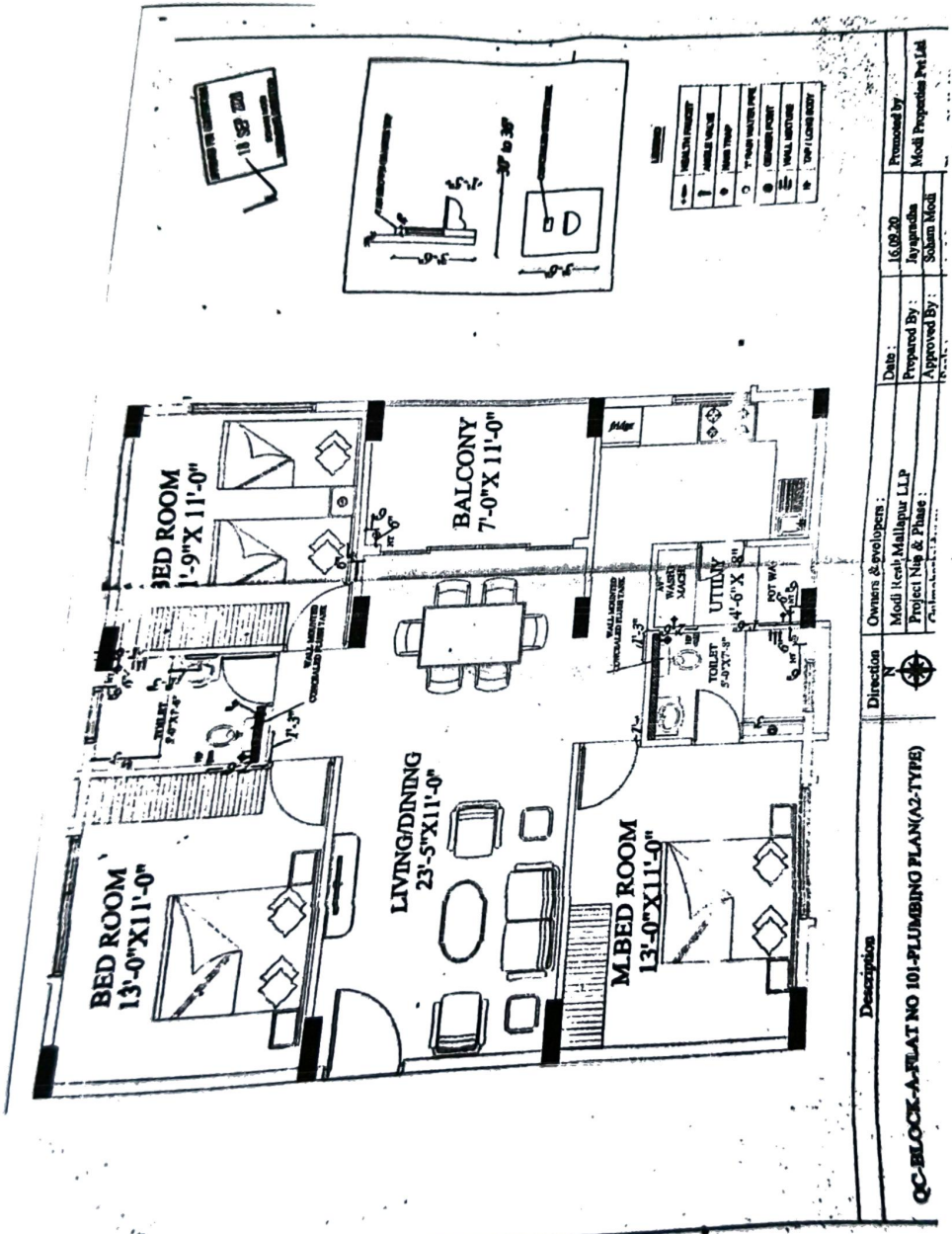
Remarks on additions & alteration sheet:

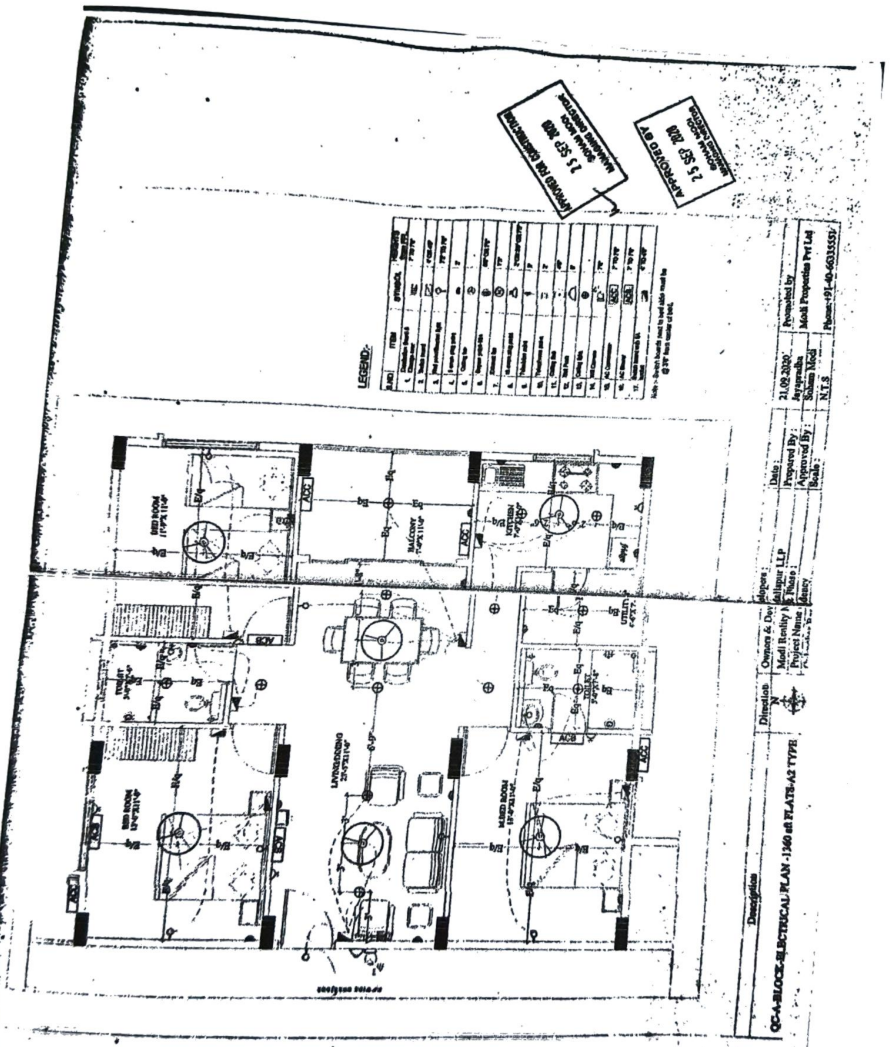
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| Signed by engineer,              | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Signed by customer,               | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| Revised drawing required from HO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

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

**Miscellaneous check**

|                                                                  |                                                                     |
|------------------------------------------------------------------|---------------------------------------------------------------------|
| Screeding done on walls upto 12" outside bathroom/utility        | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| Bathroom /utility filled with 4" water for water proof check     | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| Hole packing done around all pipes in ceiling and internal walls | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| Remarks:                                                         |                                                                     |
|                                                                  |                                                                     |
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# Quality Control Check Report. Stage: After Plastering (Apartments)

|                           |                     |  |         |                                |                                                                     |
|---------------------------|---------------------|--|---------|--------------------------------|---------------------------------------------------------------------|
| Flat No.                  | M-401               |  | Other   | SI. No.                        | 42079                                                               |
| Company                   | MKM-CLP             |  | Project | Phase                          |                                                                     |
| Prepared by               | SAIKIRAN            |  | Sign    | Date                           | 20-07-2023                                                          |
| Project Manager           | NARENDAR / SRINIVAS |  | Sign    | Date                           | 20-07-2023                                                          |
| Previous stage report no. |                     |  | Sign    | Date                           | 20-07-2023                                                          |
| Checked By MD on          |                     |  | MD Sign | Report filed and signed by PM? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| Recommendation:           |                     |  |         | For filling                    | <input type="checkbox"/> Yes <input type="checkbox"/> No            |

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

Inspection should be done after:

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

## Plastering Check

Notes:

1. Mark ✓ for correct or minor mistake which does not require correction
2. Mark ✗ for minor mistake that requires minor correction.
3. Mark ✗✗ for major mistake that requires correction by replacement or re-fixing.
4. Mark ✗✗✗ for major mistake that cannot be corrected.
5. 9" unplastered area from SFL should be left including in common areas and terraces.
6. Windows must be checked with templates. Plastering must be 3mm margin for 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.

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 Plastering (Apartments)

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

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

| S No    | Room                | Wall thickness<br>(✓ or X)                                                                                                                               | Beds in walls<br>(✓ or X) | Chicken mesh<br>(✓ or X) | External brickwork<br>& beam joint (✓ or X) | Room Dimensions<br>(✓ or X) | Room Dimensions<br>(✓ or X) | Diagonal<br>Difference in inches<br>(✓ or X) | Diagonal<br>Difference in inches<br>(✓ or X) | Diagonal<br>in inches | Balcony sill level<br>(✓ or X) | Room Height<br>(✓ or X) | Plumb of walls<br>(Good/Avg./Bad) | Alignment of beams<br>and walls - Nos. |
|---------|---------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|--------------------------|---------------------------------------------|-----------------------------|-----------------------------|----------------------------------------------|----------------------------------------------|-----------------------|--------------------------------|-------------------------|-----------------------------------|----------------------------------------|
| 1       | Bedroom-1 M-Bed     | ✓                                                                                                                                                        | ✓                         | ✓                        | ✓                                           | ✓                           | ✓                           | ✓                                            | ✓                                            | ✓                     | ✓                              | ✓                       | avg                               | ✓                                      |
| 2       | Toilet-1 M-Toi      | ✓                                                                                                                                                        | ✓                         | ✓                        | ✓                                           | ✓                           | ✓                           | ✓                                            | ✓                                            | ✓                     | ✓                              | ✓                       | ✓                                 | ✓                                      |
| 3       | Bedroom-2 1x-Bed    | ✓                                                                                                                                                        | ✓                         | ✓                        | ✓                                           | ✓                           | ✓                           | ✓                                            | ✓                                            | ✓                     | ✓                              | ✓                       | ✓                                 | ✓                                      |
| 4       | Toilet-2 C-Toi      | ✓                                                                                                                                                        | ✓                         | ✓                        | ✓                                           | ✓                           | ✓                           | ✓                                            | ✓                                            | ✓                     | ✓                              | ✓                       | ✓                                 | ✓                                      |
| 5       | Bedroom-3 5x-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 |                     | 1) Placing of DB Box was improper, finishing (-Toi Smith Board to be done.<br>2) For Beam's Honey combs were not poured. 3) Grovq Holes were not packed. |                           |                          |                                             |                             |                             |                                              |                                              |                       |                                |                         |                                   |                                        |

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/ Lab Spaces)

| S No     | Room                | Door size, face and position (✓ or X) | Brick at bottom of door frame (✓ or X) | Door frame hold fast provision and fasteners. (✓ or X) | Door lintel design & level (✓ or X) | Door diagonal check (✓ or X) | Door Plumb - two sides (✓ or X) | Windows lintel design & level. Sill level (✓ or X) | Windows size (✓ or X) | Windows - template depth & diagonal (✓ or X) | Windows - template red oxide painting (✓ or X) | Loft & Kitchen platform height (✓ or X) | Loft & Kitchen platform slope (✓ or X) | Door size, face and position (✓ or X) |
|----------|---------------------|---------------------------------------|----------------------------------------|--------------------------------------------------------|-------------------------------------|------------------------------|---------------------------------|----------------------------------------------------|-----------------------|----------------------------------------------|------------------------------------------------|-----------------------------------------|----------------------------------------|---------------------------------------|
| 1        | Bedroom 1 M-Bed     | ✓                                     | ✓                                      | ✓                                                      | ✓                                   | ✓                            | ✓                               | ✓                                                  | ✓                     | ✓                                            | ✓                                              | ✓                                       | ✓                                      | ✓                                     |
| 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: |                     | 1) Kitchen platform was not casted.   |                                        |                                                        |                                     |                              |                                 |                                                    |                       |                                              |                                                |                                         |                                        |                                       |

# 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    | H 401           | Block no.       | H                 |
| Flat Area  | 1360 sft        | Type            | A2                |
| Buyer Name | Mr.s Sampa Jara | Deluxe / Luxury |                   |
| Phone No.  | 9850498435      | Email           | Nirmal Kumar Jara |

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 | Jara    | Engg. Sign | D. Jeyaraj |
| Date:       | 29/7/23 | Date       | 29/7/23    |

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.

sign: Jara

Engg. Sign: Adh

Date:

29/7/23

Choice of colours:

Same as Model flats. 2/12/23.

Changes in flooring:

- ~~Verified tiles~~ - Hall, 3 bed rooms.
- Kitchen flooring - Country almond & walls - Country chocolate.
- Utility - Black berry (flooring) & Blanco white (walls)
- Balcony - Country Rosson.
- C.T - U/tra.
- M.T - Malaysian I
- 3 Bed rooms - Basalt- Beige.
- Hall - Travertine Carolina.

Buyers sign:

  
29/7/2023

  
Engg. Sign:

29/7/2023  
Date:

Changes in electrical points: (mark on plan)

Choice of Bathroom tiles, CP fittings & Sanitary ware:

Buyers sign:

*Abd*  
Engg. Sign:

29/7/2023  
Date:

Changes in kitchen platform: (mark on plan)

→ Need kitchen platform.

Other Changes:

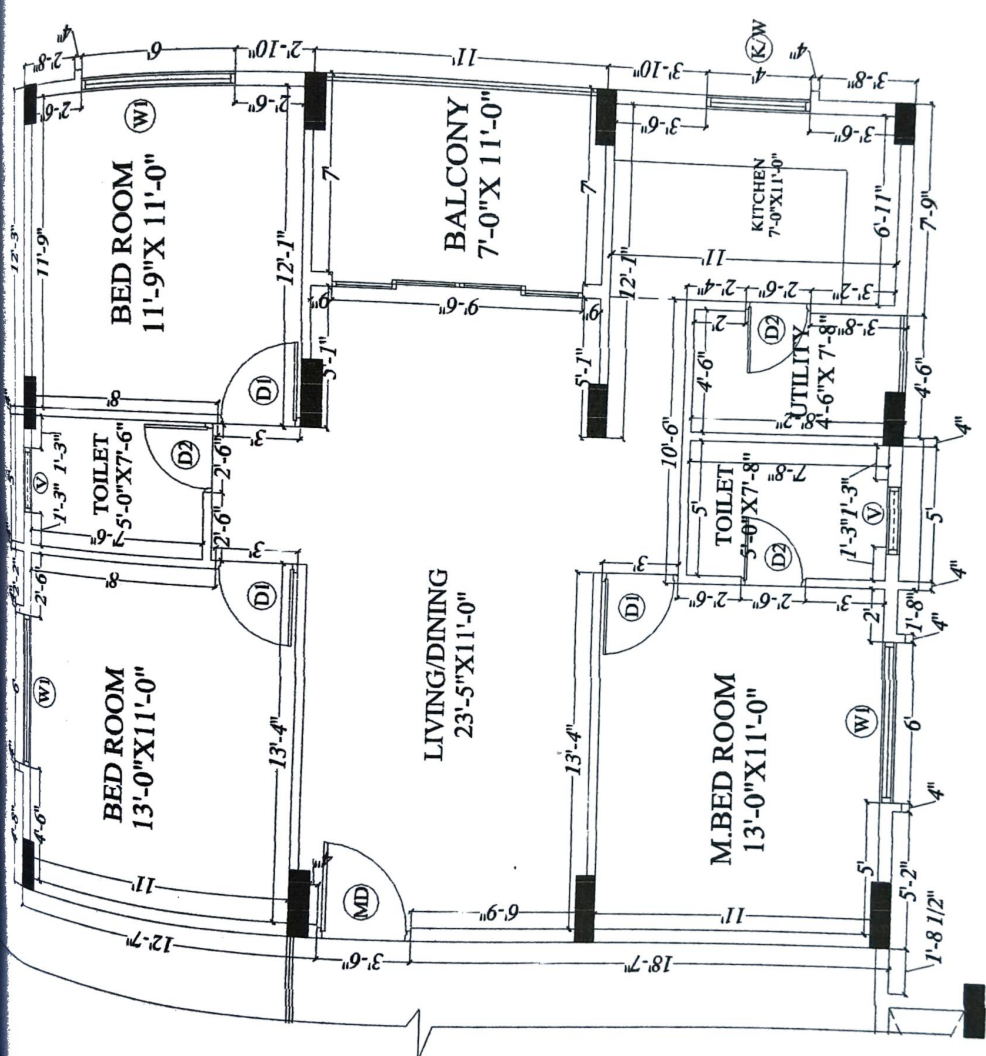
→ Wash basin point in Dinning & shown in plan.

Tap Connection in Utility

Buyers sign:

Arak  
Engg. Sign:

Date:



| Description                   |  | Direction | Owners & Developers :     | Date :        | 25.09.2020 | Promoted by             |
|-------------------------------|--|-----------|---------------------------|---------------|------------|-------------------------|
| WORKING PLAN-1360 S8 -A2 TYPE |  | N         | Modi Reality Mallapur LLP | Prepared By : | Jayapradha | Modi Properties Pvt Ltd |
|                               |  |           | Project Name & Phase :    | Approved By : | Soham Modi |                         |
|                               |  |           | Gulmohar Residency        | Scale :       | N.T.S      | Phone: +91-40-66335551  |



