

Form-5

Certificate by Architect / Licensed Surveyor

(Certificate for the purpose of completion of Layout/ Sub-Division Project)

Address of the Project: **S.No. 377/2B (Old S.F.Nos: 377/2B, 3A) of Periyapatti Village, Namakkal Taluk, Namakkal District.**

Date: **31.07.2024**

Tvl. Sureshkumar & Jayaraj (Name of the Promoter)

(Address of the Promoter)

**No. 19/5C1, Gandhi Nagar,
Mohanur Road, Namakkal, Tamil Nadu – 637001.**

Subject: Certificate for **Tvl. Sureshkumar & Jayaraj** (Name of the project)
Ref: _____ (TNRERA Registration Number)

Sir,

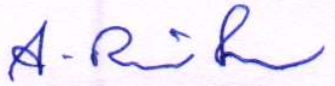
I, **Soundar Rajan** (name of the Architect/ Licensed Surveyor) having License No. **RDD-SALEM/RE-II/001/2020** had undertaken assignment as an Architect/ Licensed Surveyor for the assessment and verification of development of work done at (name of the project) situated on the Plot bearing Survey no./Plot no. _____ demarcated by its boundaries (latitude and longitude of the end points) **11°12'18.2"N to the North 78°09'14.1"E to the South to the East to the West of Division S.No. 377/2B (Old S.F.Nos: 377/2B, 3A) of Periyapatti Village, Namakkal Taluk, Namakkal District.** Being developed by **Tvl. Sureshkumar & Jayaraj** (Name of the Promoter). Based on site inspection carried out by me with respect to each of the plot(s) of the aforesaid Layout/ Sub-Division Project, I certify that as on date of this certificate, the project has been developed and completed in all respects as per the Plotting layout plan sanctioned by **DTCP** (Name of the sanctioned authority) vide Planning Permission No. **112/2024** dated **30.04.2024** including all amenities and facilities as committed by the promoter to the allottees.

Yours Faithfully,

Stamp, Signature & Name (IN BLOCK LETTERS) of Architect/ Licensed Surveyor with (Reg. License No **(SOUNDAR RAJAN)**)

Enclosed:

Photographs of all sides of site


Er. A. SOUNDAR RAJAN, B.E., M.E., (Struct).
RDD SALEM/RE-II/Reg.No.001/2020
G.V. VISUAL CREATIONS,
BUILDING CONTRACTOR & PROMOTERS
Suthari Complex 1st Floor,
Junction Main Road, Near Sona College
Salem - 636 005. Cell: 9578270663