Form-5

Certificate by Architect / Licensed Surveyor

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

Address of the Project: **S.F.No: 561/1A Narayanasamy Nagar in Kongarayapalayam** Village, **Kallakurichi** Taluk, **Kallakurichi** District.

Date: 15.07.2024

P.Senthamizhselvi , (Name of the Promoter)
No:18, Road Street, (Address of the Promoter)
Pudu Uchimedu, Kongarayapalayam,
Kallakurichi Taluk and District – 606 203.
Contact No : 7339362634
Email.Id : karthikharith1988@gmail.com

Subject: Certificate for TN-RERA Approval (Name of the project)

Ref: _____(TNRERA Registration Number)

Sir,

I, **V.MADHAN** (name of the Architect / Licensed Surveyor) having License No. **RE/GR-III/50/2020** had undertaken assignment as an Architect/ Licensed Surveyor for theassessment and verification of development of work done at **NARAYANASAMY NAGAR** (name of the project) situated on the Plot bearing Survey no's. **561/1A** demarcated by its boundaries (latitude and longitude of the end points) 11° 37'35.9" to the North - to the South 79°06'20.6" to the East - to the West of Division **Kongarayapalayam** Village, **Kallakurichi** Taluk, **Kallakurichi** District . Measuring **8125.00** sq.mts. Being developed by **P.Senthamizhselvi** (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 **Document Certified by Niranjana** (Name of the sanctioned authority) vide Planning Permission No. **57 /2024** dated **10/07/2024** including all amenities and facilities as committed by the promoter to the allottes.

Yours Faithfully,

Stamp, Signature & Name (IN BLOCK LETTERS) of Architect/ Licensed Surveyor with (Reg.

LicenseNo: **RE/GR-III/50/2020**

Enclosed:

Er.V.MADHAN B.E.,
Registered Engineer
RE/GR - III/VR/050-2020
No.56E, Govt. Hospital (Opp.)
Villupuram - 605 602.
Cell: 9655053157