Form-5

Certificate by Architect / Licensed Surveyor

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

Address of the Project: Survey No. **113/1A1,Nachipalayam Panchayat/Village, Pongalur Panchayat Union ,Tiruppur South Taluk, Tiruppur District, TN State**

Date: 03/07/2024

B.Manimegalai (Name of the Promoter)

No:36/17,Erukadurd 2nd Street,Karuvampalayam,Tiruppur-641604 (Address of the Promoter)

Subject: Certificate for **Angalamman nagar** (Name of the project)

Ref:_____(TNRERA Registration Number) Sir, **I ,L.Parvathi Raja**(name of the Architect/ Licensed Surveyor) having License No.

RE-III/TKDTCP/August/002/2021 had undertaken assignment as an Architect/ Licensed Surveyor for the assessment and verification of development of work done at **Angalamman nagar** (name of the project) situated on the Plot bearing Survey no. **113/1A1** demarcated by itboundaries (latitude and longitude of the end points 11.081158,77.437890. 11°04'55.1"N 77°26'18.6"E to the East to the West of Division , **Nachipalayam Panchayat/Village, Pongalur Panchayat Union ,Tiruppur South Taluk, Tiruppur District, 8100 SQM Being**

developed by **B.Manimegalai** (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 & CORPORATION (Name of the sanctioned authority) *vide* Planning PermissionNo.**SWP/DTCP/Tiruppur/Approval Layout-NO:84/2024** dated **14/03/2024** 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. License No_____)

Enclosed:

Photographs of all sides of site

Er. L. PARVATHIRAJA D. C. E.
RE-III/TKDTCP / August/022/2021
SK GRAND BUILDERS,
144, K. K. NEW ROAD, 1STREET
KOVALPATTI - 628 505.
Cell : 99417 03800.

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