Form-5

Certificate by Architect / Licensed Surveyor

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

Address of the Project: Survey **S.F.No: 168/5B, 168/6A, 168/6B, 168/7, VIJAYARAM NAGAR in Eranji** Village, **Kallakurichi** Taluk , **Kallakurichi** District.

Date: 23.09.2025

K.Sakthivel
NO: 513, North Street, Atharnatham Village,
Thittagudi Taluk , Cuddalore – 605 110.
Contact No : 9655053187
Email.Id : madhancivil307@gmail.com

Subject: Certificate for_____(Name of the project)

Ref:_____(TNRERA Registration Number)

Sir,

I, **MADHAN** (name of the Architect / Licensed Surveyor) having License No. **RE/GR-II/90/2025** had undertaken assignment as an Architect/ Licensed Surveyor for theassessment and verification of development of work done at **VIJAYARAM NAGAR** (name of the project) situated on the Plot bearing Survey no's. **168/5B,168/6A,168/6B,168/7** demarcated by its boundaries (latitude and longitude of the end points) _____to the North _____to the South_____to the East_____ to the West of Division **Eranji** Village, **Kallakurichi** Taluk, **Kallakurichi** District . Measuring **4150.00** sq.mts. Being developed by **K.Sakthivel** (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 S.S.BARATH (Name ofthe sanctioned authority) vide Planning Permission No. **119/2025** dated **07/08/2025** 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-II/90/2025**

Er.V.MADHAN B.E.,
Registered Engineer
RE/GR-II/VD/090-2025
No.56E, Govt. Hospital (Opp.)
Villupuram - 605 602.
Cell: 9655053187

Enclosed:

Photographs of all sides of site

Renewal

TOWN AND COUNTRY PLANNING DEPARTMENT

DISTRICT TOWN AND COUNTRY PLANNING OFFICE

VILLUPURAM DISTRICT

No.56A, TAHDCO Building,
Government Hospital Road,
Villupuram - 605 602.
Phone: 04146-220045
E-mail: addtcprovpm@gmail.com

Roc.No:242/2025/VD2 Dated:27.02.2025

PROFESSIONAL REGISTRATION CERTIFICATE

This is to certify that the Thiru. **MADHAN V** has enrolled as **Registered Engineer Grade-II (RE)** with Department of Town and Country Planning who has the qualification of Bachelor of Civil Engineering and experience in the relevant field for 7 years.

He has been given the Registration No.**RE/GR.II/VD/FEB-2025/090** on **27.02.2025**. He shall be required to comply with the duties and responsibilities prescribed by the Government of Tamil Nadu in Part V. "Registration of Professionals". Tamil Nadu Combined Development and Building Rules, 2019 approved vide **G.O.(Ms) No.18, MAWS (MA1) Dept. Dated : 04.02.2019.**

The Registration is valid upto **26.02.2030.**



27.2.25

Assistant Director
District Town and Country Planning
Villupuram District

27/02/25

27 FEB 2025

To,

Thiru. MADHAN V,
No.76,77, Parthasarathi Street,
KVR Nagar, Vandimedu,
Villupuram- 605 602.

V. Madhan

Er.V.MADHAN B.E.,
Registered Engineer
RE/GR-II/VD/090-2025
No.56E, Govt. Hospital (Opp.)
Villupuram - 605 602.
Cell: 9655053187