

Form-5

Certificate by Architect / Licensed Surveyor

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

Address of the Project: **Survey no. 432/1C2, 432/5A, 432/5B & 432/8A of Ulipuram Village, Gangavalli Taluk, Salem District.**

Date: **01.04.2024**

Tmt. Jayakodi (Name of the Promoter)

(Address of the Promoter)

No. 310, West Pananthopu, Ramanayakanpalayam Post, Attur TK, Salem, Tamil Nadu – 636108.

Subject: Certificate for **Tmt. Jayakodi** (Name of the project)

Ref. _____ (TNRERA Registration Number)

Sir,

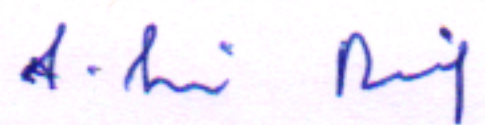
I, **Soundar Rajan** (name of the Architect/ Licensed Surveyor) having License No. **RDD-SALEM/RE-II/001/2020** had undertaken assignment as an Architect/ Licensed Surveyor for the assessment and verification of development of work done at (name of the project) situated on the Plot bearing Survey no./Plot no.____demarcated by its boundaries (latitude and longitude of the end points) **11°28'09.4"N to the North 78°27'31.1"E to the South to the East to the West of Division Survey no. 432/1C2, 432/5A, 432/5B & 432/8A of Ulipuram Village, Gangavalli Taluk, Salem District.** Being developed by, **Tmt. Jayakodi** (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. **259/2023** dated **11.11.2023** 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