**Form-5**

**Date: 18.05.2026**

**CertificatebyArchitect/LicensedSurveyor**
**(CertificateforthepurposeofcompletionofLayout/Sub-Division Project)**

**Address of the Project:** R.S.No – 227/7B,8A,8B,9 Vadakuthu Village and Panchayat, Kurinjipadi Panchayat Union and Taluk, Cuddalore District, Tamilnadu State.

Thiru.V.Arigovindhan ,R.Ramajayam, V.Latha and R.Aranganathan **(Name of the Promoters)**
No – 169, West Street,
Samattikuppam,
Cuddalore – 607301.
Mob : 8344344944.
Email - arigovindanjanaki@gmail.com **(Address of the Promoter)**

**Subject: Certificate for** New Layout – VELMURUGAN NAGAR **(Name of the project)**

**Ref: (TNRERARegistration Number)**

**Sir,**
**I,**Ar.A.Narkavi**(nameoftheArchitect/LicensedSurveyor)havingLicenseNo.**CA/2018/100115
**had undertaken assignment as an Architect/ Licensed Surveyor for the assessment and verification of development of work doneat** New Layout –VELMURUGAN NAGAR**(name of the project) situated on the Plot bearing Survey no./Plot no.**227/7B,8A,8B,9 **demarcated by its boundaries (latitude and longitude of the end points)** 11.600846° - 79.547912° **to the North** 11.600627° - 79.548005°**to the East of Division Village** Kurinjiapadi Panchayat Union and Taluk ,Cuddalore **District measuring** 4519.00**sq.mts (Area as per patta). Being developed by** V.Arigovindhan ,R.Ramajayam, V.Latha and R.Aranganathan **(Name of the Promoters).**
**Based on site inspection carried out by me with respect to each of the plot(s)of the a fore said Layout/Sub-DivisionProject, I certify that as on (**29.11.2025**) of this certificate, the project has been developed and completed in**

**All respects as per the Plotting layout plan sanctioned by** District Town & Country Planning **Name of the sanctioned authority)*vide*PlanningPermissionNo.**மவ/நஉஅஇ(கமா):97/2025 **dated** 14.07.2025 **including all amenities and Facilities as committed by the promoter to the allottes.**

***YoursFaithfully,***

A. NARKAVI, B.Arch.,
COUNCIL OF ARCHITECTURE
Reg. No: CA / 2018 / 100115
Cell: 99440 20004.

**Stamp,Signature&Name(IN BLOCK LETTERS)of Architect/LicensedSurveyorwith (RegLicenseNo)**

**Enclosed:**

**Photographs of all sides of site**

# Council of Architecture

## Certificate of Registration

This is to certify that the name of

**Ms. NARKAVI A**

has been entered in the register and her Registration No. is

**CA/2018/100115**

This certificate is valid from the **eighth**

day of **December 2018** to the **thirty-first**

day of **December 2019** inclusive.

**List of Additional Qualifications:**

**Renewals**

| Valid Upto | Signature of Registrar |
|---|---|
| 31.12.2031 | 11.5.[illegible] |

Given under the common Seal of the Council of Architecture,



A. NARKAVI, B.Arch.,
COUNCIL OF ARCHITECTURE
Reg. No: CA / 2018 / 100115
Cell: 99440 20004.

this **eighth** day of **December 2018**

Secretary

President

This Certificate of Registration is issued under sub-section (7) of Section 24 and sub-section(4) of Section 26 of the Architects Act, 1972, enacted by the Parliament of India.