

**FORM-IV**  
**CERTIFICATE FOR STRUCTURAL STABILITY**

WITH RESPECT TO THE BUILDING WORK OF ERECTION WITH RESPECT OF **PLOT NO :-19 , KHATA NO :- 712, MOUZA :- PARDIH, WARD NO :- 08 , P.S:- MANGO , THANA NO:-1641 ,TOWN :- JAMSHEDPUR,** OF ..... COMMITTEE COVERED UNDER DEVELOPMENT PLAN OR PLANNING SCHEME MUNICIPAL COUNCIL UNDER JHARKHAND MUNICIPAL ACT 2011, JHARKHAND REGIONAL DEVELOPMENT AUTHORITY ACT 2002, MINERAL AREA DEVELOPMENT AUTHORITY ACT, JHARKHAND INDUSTRIAL AREA DEVELOPMENT AUTHORITY ACT THE SAID LAND SHALL BE USED FOR **RESIDENTIAL** PURPOSE.

I CERTIFY THAT THE STRUCTURAL CALCULATIONS, PLANS AND DETAILS INCLUDING THE RELEVANT SPECIFICATIONS OF THE BUILDING PREPARED BY ME SATISFY THE STRUCTURAL SAFETY REQUIREMENT FOR ALL SITUATION INCLUDING NATURAL DISASTERS LIKE CYCLONE EARTHQUAKE ETC AS APPLICABLE UNDER THE BYELAWS AND STIPULATED UNDER PART -6 (STRUCTURAL DESIGN) OF THE NATIONAL BUILDING CODE OF INDIA 2005 AND OTHER RELEVANT CODES ; AND THE INFORMATION GIVEN THE IN IS FACTUALLY CORRECT TO THE BEST OF MY KNOWLEDGE.

I UNDERTAKE THE RESPONSIBILITY WITH REGARD TO SUPERVISION OF THE WORK AT EACH AND EVERY STAGE OF CONSTRUCTION OF THE STRUCTURE ,REGULARLY TO THE EFFECT THAT THE BUILDING IS BEING CONSTRUCTED CONFORMING TO THE STRUCTURAL PLAN PREPARED STRUCTURAL CALCULATIONS ,PLANS AND DETAILS INCLUDING THE RELEVANT SPECIFICATION OF THE BUILDING PREPARED BY ME .

I WILL BE RESPONSIBLE AND LIABLE FOR ACTION BY ..... , ..... AUTHORITY /GOVERNMENT IF THE PLAN/DESIGN CONTAIN MISREPRESENTATION OR FRAUDULENT INFORMATION AND THE CONSTRUCTION IS MADE IN DEVIATION FROM STRUCTURAL CALCULATION, PLANS AND DETAILS INCLUDING THE RELEVANT SPECIFICATION OF THE BUILDING PREPARED BY ME OR IF THERE IS ANY STRUCTURAL FAILURE DUE WRONG /UNSAFE STRUCTURAL DESIGN /USE OF LOW QUALITY MATERIAL AND /OR POOR WORKMANSHIP ENDANGERING THE SAFETY OF INMATES OR PUBLIC AND THE STRUCTURAL STABILITY OF THE BUILDING.

NAME AND SIGNATURE OF COMPETENT  
TECHNICAL PERSON  
REGISTRATION NO.



DATE:  
ADDRESS:

NAME AND SIGNATURE OF OWNER/BUILDER/APPLICANT .....  
REGISTRATION NO:  
DATE:  
ADDRESS: