

FORM-III

CERTIFICATE OF EXECUTION OF WORK AS PER STRUCTURAL
SAFETY REQUIREMENTS

From

Dr. RAJ KUMAR SINGH
Dr. RANU SINGH
SUNRISE HOSPITAL
AMLA TOLA, CHAIBASA

(Name and address of the applicant in block letters)

To

Executive officer
Chaibasa Nagar Parishad
Chaibasa

With respect to the building work of erection / re-erection or for making alteration in the
.....khataNo...51,50 building on in with respect of Plot No(CS) 702(a, b, c), 703.
Village/Mauza....CNP Ward No.03 of Municipal Corporation/Municipal Council/Nagar
Panchayat/Municipality/Notified Area Committee/Regional Development Authorities/Industrial
Area Development Authorities/Mineral Area Development Authority, Gram Panchayat areas
covered under Development Plan or Planning Scheme notified under Jharkhand Municipal Act
2011, Jharkhand Regional Development Authority Act 2002, Mineral Area Development
Authority Act, Jharkhand Industrial Area Development Authority Act or within the Development
Plan Area of ...Mixed... purpose.


I certify;

1. That the building has been constructed according to the structural design and specifications prepared by me which incorporates the provisions of structural safety norms as specified in part 6 (Structural Design) of the national building code of India 2015 and other relevant codes and the design complies with the Earthquake safety requirement.
2. That the construction has been done under my supervision and guidance and adheres to the structural drawings and specifications prepared by me and records of supervision have been maintained.

Any subsequent changes or deviation from the structural drawings and specifications shall be the responsibility of the owner / builder.

Name and signature of competent

Technical Person


26-12-2022

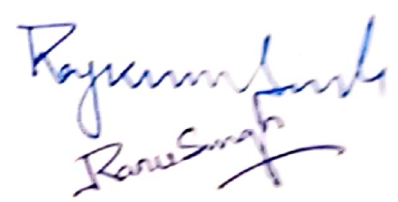
Registration no.

Date: 26/12/2022

Address: Chauraha, Kharakpur.

Name and Signature of Owner/Builder/Applicant

Registration no.


Rajendra Singh

Date: 24/12/2022

Address: Sunrise Hospital, Station Road, Anila, Tola, Chaubasn.



