FORM -III

Certificate for Execution of Work as Per Structural Safety Requirement (CEWSSR)

(This certificate Adheres to Jharkhand Municipal Act 2011, Jharkhand Regional Development Authority Act 2002, Mineral Area Development Authority Act, Jharkhand industrial Area Development Authority Act, & Jharkhand Building Bye-Laws 2016)

Owner / Builder Name SANGEN KALON GIDHI

Name of Local body GUMLA NAGAR PARISHAD

Plot No. 105 :

Ward No. 14 :

Thana name / No. GUMLA/58:

Khasra/ Khatian No. :

Village Name / Mouza Name KARAM TOLI GUMLA

Street address KARAM TOLI ROAD

Landmark / Locality :

Registration no. of LTP :

Validity of Registration No. of LTP :

Village Name / Mouza Name KARAM TOLI

Project / Proposal Type PROPOSED TWO-STOREY RESIDENTIAL BUILDING

Occupancy Type/Purpose RESIDENTIAL :

Application / file no. :

Date and Time of Application / file :

CEWSSR (No) CEWSSR/14 :

Issue date of CEWSSR 08/12/2020 :

With respect to the building work for above said project/proposal type with respect of above referred plot. I certify;

1.   That the building has been constructed according to structural design and specification 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, 2005 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.

Authorized Signatory

(Name of Structure Engineer / Civil Engineer)

Registration No. CA/2012/56811

Validity No. valid upto 31/12/2023

Address: Dayal Compound, Sahutoli
Bahubazar, Ranchi

RANJIT MURMU
ARCHITECT (B. ARCH)
CA /2012 /56811

Sok Gidhi

Authorized Signatory

(Name of Owner/Builder)

Registration No...................

Validity No.........................

Address:.............................