

FORM-III

CERTIFICATE OF EXECUTION OF WORK AS PER STRUCTURAL  
SAFETY REQUIREMENTS

From

RAM PRASHAD MAHTO RAMAN  
S/O BHOLA MAHTO  
A.T-BYA PASS ROAD,  
SHASTRI NAGAR, JHUMARI TELAIYA, KODERMA

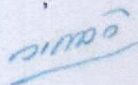
(Name and address of the applicant in block letters)

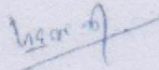
To

JHUMRITILAIYA NAGAR PARISHAD  
UDHD DEPARTMENT  
JHARKHAND

With respect to the building work of erection / re-erection or for making alteration in the  
.....khataNo. 1005 building on in with respect of Plot No(CS). 4051.....Plot  
Village/Mauza. Telaiya Ward No. 1..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 Residential purpose.

I certify;







1. That the building has been constructed according to the 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.

Name and signature of competent *Upendra*

Technical Person

Registration no.

Date: 2/2/19

Address:

**Upendra (B.Tech)**  
**Construction & Consultancy**  
**Shastri Nagar, Bypass Road**  
**Jhumri Telaiya-825409 (Koderma)**  
**Reg. No.-JNP/ENG/0012/2017**  
**UDHD Department**

Name and Signature of Owner/Builder/Applicant

Registration no.

Date:

Address:

*[Signature]*

*[Signature]*

*[Signature]*