CEWSSR No..
Issue Date of CEWSSR:.............................

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 : *Sunil Oraon.*
Name of Local body : *Lohordaga Municipal.*
Plot No. : *356*
Ward No. : *23*
Thana name / No. : *197*
Khasra / Khatian No. :
Village Name / Mouza Name : *Juniya.*
Street address : *Binsha Nagan Juniya.*
Landmark / Locality : *Lohordaga.*

Registration no. of LTP : *LNP/ENG/0005/2017*
Validity of Registration No.of LTP : *06/07/2024*
Village Name / Mouza Name : *Juniya.*
Project / Proposal Type : *Residential Building*
Occupancy Type/Purpose : *Residential*
Application / file no. :
Date and Time of Application / file :
CEWSSR (No) :
Issue date of CEWSSR : *03-10-2023*

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 there responsibility of the owner / builder.

Authorized Signatory
(Name of Structure Engineer / Civil Engineer)
Registration No : LNP/ENG/0005/2017
Validity No : 06/07/2024
Address : NEAR FOREST CHECK POST LOHARDAGA

Authorized Signatory
(Name of Owner/Builder)
Registration No.....................
Validity No.............................
Address:.....................................