

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	: RITLAL MANDAL
Name of Local body	: MNP
Plot No.	: 850
Ward No.	: 14
Thana name / No.	: 273
Khasra/ Khatian No.	: 2 AND 2K
Village Name / Mouza Name	: Choto Shekh Pura
Street address	: Near Dr. Asha Clinic
Landmark / Locality	: Near Dr. Asha Clinic

Registration no. of LTP	: MNP/ENG/0003/018
Validity of Registration No. of LTP	: 02/07/2025
Village Name / Mouza Name	: Choto Shekh Pura
Project / Proposal Type	: Residential
Occupancy Type/Purpose	: MNP/BP/0053/W14/2021
Application / file no.	: 27/09/2024
Date and Time of Application / file	: 24/CEWSSR/024
CEWSSR (No)	: 27/09/2024
Issue date of CEWSSR	: 27/09/2024

CEWSSR No: 24/CEWSSR/024
 Issue Date of CEWSSR: 27/09/2024

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.

R D Kishor Kumar
 Authorized Signatory

(Name of Structure Engineer / Civil Engineer)
 Registration No. MNP/ENG/0003/018
 Validity No. _____
 Address: _____

R D M / M / S M
 Authorized Signatory

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