

FORM-XIV
CERTIFICATE OF UNDERTAKING
FOR HAZARD SAFETY REQUIREMENT

To,
REGIONAL DIRECTOR
JIADA

DEVKAMAL HOSPITAL

REF:- Proposed work of..... (Title of project) C.S.No./
R.S.No..... in ward No..... at village/Mauza **Pugri**
Scheme No..... of..... village/Town/City.....

1. Certified that the building plans submitted for approval will satisfy the safety requirements as stipulated under Building Bye-laws 59 and the information given there in is factually correct to the best of our knowledge and understanding
2. It also certified that the structural design including safety from hazards based on soil conditions shall be duly incorporated in the design of the building and these provisions shall be adhered to during the construction as per Annexure-IX & X.

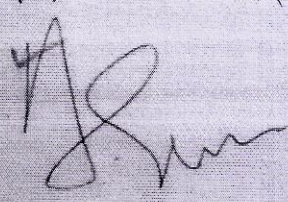
(ii) Engineer/Structural Engineer:-

Name
Empanelment No:
Signature with date


TUSHAR SAXENA
M.E. (Structure)

(iii) Builder/Owner/Applicant

Name: **DR. ANANT SINHA**
Registration no. **MCI-5382**
Signature with date


02/05/2013