

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	MD SHAMS TABREZ KHAN	Registration no. of LTP	DMZP/ENG/0014/2022
Name of Local body	DUMKA ZILA PARISHAD	Validity of Registration No. of LTP	28-07-2023
Plot No.	824, 825 (PART)	Village Name / Mouza Name	RASHIKPUR
Ward No.		Project / Proposal Type	RESIDENTIAL & COMMERCIAL
Thana name / No.	DUMKA TOWN -07	Occupancy Type/Purpose	RESIDENTIAL & COMMERCIAL
Khasra/ Khatian No.	41, 42, 41/58, 43/59, 148	Application / file no.	:
Village Name / Mouza Name	RASHIKPUR	Date and Time of Application / file	:
Street address	RASHIKPUR ROAD	CEWSSR (No)	:
Landmark / Locality	TOWER CHALK	Issue date of CEWSSR	:

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.

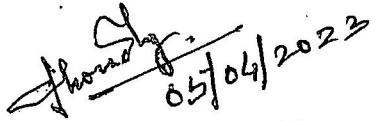
Authorized Signatory

(Name of Structure Engineer / Civil Engineer)

Registration No.....

Validity No.....

Address:.....


SURJYA CHOUDHURY
CIVIL ENGINEER
REG NO.
DMZP/ENG/0014/2022


Authorized Signatory

(Name of Owner/Builder)

Registration No.....

Validity No.....

Address:.....


MD. SHAMS TABREZ KHAN