

M/s GNE Lifesciences Pvt Ltd

| | |
|--------------------|----------------------|
| File No. | RKA/DNCR/...../..... |
| Date of Receiving | 29/12/22 |
| File Receiver Name | Deepar Joshi |

VIS(2022-23)-PL557-451-767

CASE COLLECTION FORM

(Version 5.0)

Date of implementation: 9.02.2011 | Last Revision: 30.01.2020 | Latest Revision: 31.10.2020

| Items | Assigned To | Assigned to Date | To be completed by date | Submitted On date | Grade | HOD Engg. Signature |
|------------------|-------------|------------------|-------------------------|-------------------|-------|---------------------|
| File Received By | Deepar | NA | NA | | | |
| Survey | - | - | | | | |
| Preparation | | | | | | |

A - Very Good, B - Satisfactory, C - Average, D - Poor, E - Extremely Poor

| | |
|---|---|
| File Returned to HOD Engg. unprepared due to reason | <input type="checkbox"/> Survey not done properly, <input type="checkbox"/> Survey Form not properly filled, <input type="checkbox"/> Market survey for rates is not properly done, <input type="checkbox"/> Identification is not clearly done, <input type="checkbox"/> Measurement is not properly done, <input type="checkbox"/> Photographs not clearly taken, <input type="checkbox"/> Selfie/ Owner or owner representative photo not taken, <input type="checkbox"/> Owner/ owner representative signature not taken, <input type="checkbox"/> Google Map not taken, <input type="checkbox"/> Survey summary sheet not filled |
| | |

| | |
|--|--|
| In case File is returned by the preparer - HOD Engg. comment & Signature | <input type="checkbox"/> Minor defects in the survey hence approved for preparation with warning to Surveyor. Report preparer to collect the missing information on his own. |
| | <input type="checkbox"/> Major defects in the survey. Survey has to be done again. |

GENERAL DETAILS

| | | | | |
|----|---|---|-----------------------|--|
| 1. | Proposal/ Work Order or Ref. No. | | | |
| 2. | Type of Service | <input type="checkbox"/> Valuation Report, <input type="checkbox"/> Construction cost estimate, <input checked="" type="checkbox"/> Cost vetting certificate <input type="checkbox"/> Other CE Certificates, <input type="checkbox"/> TEV Report, <input type="checkbox"/> LIE | | |
| 3. | Type of customer | <input checked="" type="checkbox"/> Bank <input type="checkbox"/> PSU <input type="checkbox"/> NBFC <input type="checkbox"/> Corporate <input type="checkbox"/> Company <input type="checkbox"/> Private client <input type="checkbox"/> Direct client through Bank | | |
| 4. | Bank/ FI/ Organization Name & Address | SBI SME Branch Ranipun Haverdwan | | |
| 5. | Case Allotment Officer/ Fees paying party Details | Name | Contact Number | Email Id |
| | | Rakesh Ranipun (Rant) | 97176 79415 | rakeshranjan3@sbi.co.in |
| 6. | Case Type | <input checked="" type="checkbox"/> Case for Fresh Account <input type="checkbox"/> Case for exiting account/ customer | | |
| 7. | Fees Details | Amount of Fees | Advance Amount if any | Fees will be paid by |
| | | 25000+cor | - | <input checked="" type="checkbox"/> Bank <input type="checkbox"/> Customer |
| 8. | Billing Details | Billed To Party Name | | GSTIN |

For Cost Vetting of P&M

CASE DETAILS

| | | | | |
|-----|---|--|----------------|----------|
| 1. | Type of Property | P/E | | |
| 2. | Purpose of Valuation/ Assignment <i>Cost Valuing</i> | <input type="checkbox"/> Value assessment of the asset for creating new collateral mortgage <input type="checkbox"/> Periodic Re-Valuation for Bank, <input type="checkbox"/> Distress sale for NPA A/c., <input type="checkbox"/> For DRT Recovery purpose, <input type="checkbox"/> Capital Gains Wealth Tax purpose <input type="checkbox"/> Partition purpose, <input type="checkbox"/> General Value Assessment <input type="checkbox"/> Any other: | | |
| 3. | Owner/ Applicant Details | Name | Contact Number | Email Id |
| 4. | Account Name | M/s GNE Lifesciences Pvt Ltd. | | |
| 5. | Property Address | H.No- 398 situated at Nanhera Anantpur, Pargana Bhagwanpur, Nandwa | | |
| 6. | Who will coordinate on site for the site survey | Name | Contact Number | |
| 7. | Preferred time of survey | Date | Time | |
| 8. | Documents Received (Any one ownership document and approved site plan/ map is must) | 1. Ownership Documents: <input type="checkbox"/> Sale Deed, <input type="checkbox"/> Power of Attorney, <input type="checkbox"/> Registered Will, <input type="checkbox"/> Relinquishment Deed, <input type="checkbox"/> Transfer Deed, <input type="checkbox"/> Conveyance Deed, <input type="checkbox"/> Allotment Letter, <input type="checkbox"/> Possession Letter 2. Map: <input type="checkbox"/> Cizra Map, <input type="checkbox"/> Approved Map, <input type="checkbox"/> Site Plan 3. Utility Bills: <input type="checkbox"/> Electricity Bill & payment receipt, <input type="checkbox"/> Water Bill & payment receipt, <input type="checkbox"/> House Tax demand & payment receipt 4. Any Other document: <input type="checkbox"/> CLU, <input type="checkbox"/> TIR Report, <input type="checkbox"/> Agreement to Sale, <input type="checkbox"/> Old Valuation Report 5. No documents provided: <input type="checkbox"/> <i>Invoices.</i> | | |
| 9. | Documents received from | <i>Bank</i> | | |
| 10. | Special Instructions if any: | | | |
| 11. | I agree to pay the amount mentioned above for the preparation of Valuation Report. I agree that I'll not put pressure on Valuer firm to distort any facts and would not try to influence any member or official of the firm in the ill spirit or vested interest and to benefit any individual or organization by any means illegitimately. Customer Signature: | | | |