| M | S Nephron Phon | maceurcals RIT Hd |
|--------------------|----------------|---|
| File No. | RKA/DNCR// | REINFORCING YOUR BUSINESS ASSOCIATES |
| Date of Receiving | 9/10/2023 | VALUERS & TECHNO ENGINEERING CONSULTANTS (P) LTD. |
| File Receiver Name | Deepak | VIS(2023-24)-PLU14-339-541 |
| | | CTION FORM |

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

Items HOD Engg. Assigned To Assigned To be Submitted Grade Signature to Date completed On date by date File Received By Deepar NA NA Survey Preparation A - Very Good, B - Satisfactory, C - Average, D - Poor, E - Extremely Poor

☐ Survey not done properly, ☐ Survey Form not properly filled, ☐ Market survey for File Returned to HOD Engg. unprepared due rates is not properly done, \square Identification is not clearly done, \square Measurement is not to reason properly done,

Photographs not clearly taken,

Selfie/ Owner or owner representative photo not taken,

Owner/ owner representative signature not taken, ☐ Google Map not taken, ☐ Survey summary sheet not filled ☐ Minor defects in the survey hence approved for preparation with warning to In case File is returned Surveyor. Report preparer to collect the missing information on his own. by the preparer - HOD Engg. comment & Signature ☐ Major defects in the survey. Survey has to be done again.

| | GENERAL DETAILS | | | | | | | | | |
|-------|---------------------------|--|-----------------------|----------------|--------------------|-------------------------|------------|--|--|--|
| 1. | Proposal/ Work Order or | | | | | | | | | |
| | Ref. No. | | | | | | | | | |
| 2. | Type of Service | Valuation Report, ☐ Construction cost estimate, ☐ Cost vetting certificate | | | | | | | | |
| BRANK | | ☐ Other CE Certificates, ☐ TEV Report, ☐ LIE | | | | | | | | |
| 3. | Type of customer | ☐ Bank ☐ PSU | | | □ NBFC □ Corporate | | | | | |
| | | ☐ Company ☐ Private client ☐ Direct client through Bank | | | | | | | | |
| 4. | Bank/ FI/ Organization | SBI, SME B | sanc' | h, Rar | respir | , Haridw | ay | | | |
| | Name & Address | | | | | | | | | |
| 5. | Case Allotment Officer/ | Name | | Contact Number | | Email Id | | | | |
| | Fees paying party Details | Parest Ranjan 9717 | | | 948 | 48 Meshanjan 3(45b). ce | | | | |
| | | | | | | | | | | |
| 6. | Case Type | Case for Fresh Account | | | | | | | | |
| 7. | Fees Details | Amount of Fees | Advance Amount if any | | | Fees will be paid by | | | | |
| | | 25000+455 | | | | Bank | □ Customer | | | |
| 8. | Billing Details | Billed To Party Name | | | | GSTIN | | | | |