Ms	ELREST PROPACK	AVI LTD					
File No.	RKA/DNCR//	ASSOCIATES					
Date of Receiving	4/10/24	VALUERS & TECHNO ENGINEERING CONSULTANTS (P) LTO.					
File Receiver Name	Doepak	VIS(2024-25)-P2(106-356-490					
CASE COLLECTION FORM							

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 Ro	eceived By	Deepar	NA	NA					
Surve	y	Roepak	4/10/24	4/10/24					
Prepa	ration								
A - Very Good, B - Satisfactory, C - Average, D - Poor, E - Extremely Poor									
File Returned to HOD Engg. unprepared due to reason  □ Survey not done properly, □ Survey Form not properly filled, □ Market survey for rates is not properly done, □ Identification is not clearly done, □ Measurement is not 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									
In case File is returned by the preparer - HOD Engg. comment & Signature   ☐ Minor defects in the survey hence approved for preparation with warning to Surveyor. Report preparer to collect the missing information on his own.  ☐ Major defects in the survey. Survey has to be done again.									
GENERAL DETAILS									
1.	Proposal/ Work (Ref. No.								
2.	Type of Service	Valuation Report, ☐ Construction cost estimate, ☐ Cost vetting certificate  ☐ Other CE Certificates, ☐ TEV Report, ☐ LIE // ♀ ♀ M							
3.	Type of custome	r □ Bar	□ Bank □ PSU □ NBFC □ Corpdrate □ Company □ Private client □ Direct client through Bank						
4.	Bank/ FI/ Organia Name & Address	& Address (300) (200) (200) (200)							
5.	Case Allotment C	Officer/	Name	Contac	t Number	E	mail ld		
	Fees paying party Details Ashish Brandwy 8171846777 Clshish Drandwy 16						010 119		
6.	Case Type		Case for Fres				count/ customer		
7.	Fees Details	Amo	unt of Fees	Advance Am	ount if any		ill be paid by		
		200	of cir	los-		☐ Bank	Customer		
8.	Billing Details		Billed To P	arty Name		GST	IN		