

V15(2024-25) PL 696-626-865

File No.	RKA/DNCR/...../.....
Date of Receiving	21/01/25
File Receiver Name	Dhawal Vangari

**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	Dhawal	NA	NA			
Survey	—	—	—			
Preparation	Manmohan	23/1/25	23/1/25			

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.	email - dated 21/01/25		
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 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 checked="" type="checkbox"/> Direct client through Bank		
4.	Bank/ FI/ Organization Name & Address	SBI, SME, Thane, Maharashtra		
5.	Case Allotment Officer/ Fees paying party Details	Name	Contact Number	Email Id
		Ms. Sneha	9820514870	Sbi.80128@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
		Rs. 12,000/- + GST		<input type="checkbox"/> Bank <input checked="" type="checkbox"/> Customer
8.	Billing Details	Billed To Party Name		GSTIN