FORM-4 [see Regulation 3]
ARCHITECT'S CERTIFICATE
(To be issued on completion of each of the Building/Wing)

To
The SUBHASH DEVIDAS BHARSAKALE
Deusha, Behind Atul Mangal Karyalaya,
Rukhmini Nagar Amravati. 444607

Date:

Subject : Certificate of Percentage of Completion of Construction Work of **SHIVAJI SANKUL -4-** , No. of Building(s)/**1** , Wing(s) **1** of the **FINAL** Phase of the Project [MahaRERA Registration Number- ----------] situated on the Plot bearing C.N. No/CTS No./**Survey no.** 24/1B, 24/1C, 24/1D, & 24/2 Final **Plot no 12A, 5 part & 6 part** demarcated by its boundaries (latitude and longitude of the end points) **37.97 MTS. to the North , 37.98 MTS. to the South, 50.49 MTS. to the East , 37.98 MTS. to the West** , of Division **Amravati** village **amravati municipal corporation,** taluka **Amravati**, District- **Amravati**, PIN **444607**, admeasuring **1447.12 sq.mts**. area being developed by **SUBHASH DEVIDAS BHARSAKALE**

Sir,

I **SUBHASH DEVIDAS BHARSAKALE** have undertaken assignment as Architect /Licensed Surveyor of certifying Completion of Construction Work of **SHIVAJI SANKUL -4-**, No. of Building(s)/**1** , Wing(s) **1** of the **FINAL** Phase of the Project [MahaRERA Registration Number- ----------] situated on the Plot bearing C.N. No/CTS No./ **Survey no.** 24/1B, 24/1C, 24/1D, & 24/2 Final **Plot no 12A, 5 part & 6 part** of Division **Amravati** village **Akoli,** taluka **Amravati**, District- **Amravati**, PIN **444607**,admeasuring **928 sq.mts**. area being developed by **SUBHASH DEVIDAS BHARSAKALE**

2. Following technical professionals are appointed by Owner / Promoter :-
   Shri SUBHASH DEVIDAS BHARSAKALE as Architect
   Shri RAVIKANT MADHUSUDAN AGRAWAL as Structural Consultant
   M/s /Shri / Smt _____ as MEP Consultant
   MR. MOHAMMAD ABDULLAH S/O IQBAL MOHAMMAD as Site Supervisor
3. Based on Completion Certificate received from Structural Engineer and Site Supervisor; and to the best of my/our knowledge I/We hereby certify that Building(s)/**1** , Wing(s) **1** of the **FINAL** Building has been completed in all aspects and is fit for occupancy for which it has been erected / re-erected / constructed and enlarged. The **SHIVAJI SANKUL -4-** Building/**1**Wing of the Building is granted Occupancy Certificate/Completion Certificate bearing number _____ dated _____by **(AMRAVATI MUNICIPAL CORPORATION)**

Yours Faithfully

SUBHASH DEVIDAS BHARSAKALE
Signature & Name of L.S/ Architect

(License NO – CA /80/5792)