

FORM 5[see Regulation 4]

ANNUAL REPORT ON STATEMENT OF ACCOUNTS

To

1) **AMIT ARVIND DESHMUKH**

2) **AJAY MANIKLALJI JAISWAL**

SUBJECT: Report on Statement of Accounts on project fund utilization and withdrawal by **AMIT ARVIND DESHMUKH & AJAY MANIKLALJI JAISWAL** for the period from **01.04.2017** to **31.03.2018** with respect to MahaRERA Regn. Number ———

1. This certificate is issued in accordance with the provisions of the Real Estate (Regulation and Development) Act, 2016 read along with the Maharashtra Real Estate (Regulation and Development)(Registration of Real Estate Projects, Registration of Real Estate Agents, Rates of Interest and Disclosures on Website) Rules, 2017.

2. I/We have obtained all necessary information and explanation from the Company, during the course of our audit, which in my/our opinion are necessary for the purpose of this certificate.

3. I/We hereby confirm that I/We have examined the prescribed registers, books and documents, and the relevant records of **AMIT ARVIND DESHMUKH & AJAY MANIKLALJI JAISWAL** for the period ended **31.03.2018** and hereby certify that:

i. M/S **AMIT ARVIND DESHMUKH & AJAY MANIKLALJI JAISWAL** have completed NIL% of the project titled **VIJAY PLAZA - C** MahaRERAREgn.No.____located at **MOUJA PARATWADA, SHEET NO. 21A, PLOT NO. 39/9, JAISTAMBH CHOUK, PARATWADA, DIST. AMRAVATI**

ii. Amount collected during the year for this project is Rs. NIL and amounts collected till date is Rs. NIL.

iii. Amount withdrawn during the year for this project is Rs. NIL and amount withdrawn till date is Rs. NIL.



4. I/We certify that the **AMIT ARVIND DESHMUKH & AJAY MANIKLALJI JAISWAL** has utilized the amounts collected for **VIJAY PLAZA - C** project only for that project and the withdrawal from the designated bank account(s) of the said project has been in accordance with the proportion to the percentage of completion of the project.

(If not, please specify the amount withdrawn in excess of eligible amount or any other exceptions)


(Signature and Stamp/Seal of the Signatory CA)



Name of the Signatory: **CA SUNIL VITTHALRAO MAHAJAN**

Membership No.: **121139**

Place: **AMRAVATI**

Date: **07.09.2018**

Full Address: **LALITA TOWER, NEAR GOPALKRISHNA MANDIR, AMRAVATI - 444605**

Contact No.: **9422917809**

E mail: **sunilmahajan1807@gmail.com**