FORM 4 [see Regulation 3]

ARCHITECT'S CERTIFICATE

(To be issued on completion of each of the BuildingIWing)

Date: 27/12/2017

To

The SHREE BALAJI TOWER (Name & Address of Promoter),

Subject :- Certificate of Completion of Construction Work of ..... Building! /..... Wing .....of the Building of the project [MahaRERA Registration Number] situated on the Plot bearing C.N. No/CTS No/Survey no/Final Plot no **107/9A1** demarcated by its boundaries (latitude and longitude of the end points) **19.59197** to the North **Raod** to the South Land of Survey No.**107/9B** the East **Road** to the West of Division Chandrapur, village Chandrapur, taluka Chandrapur, District Chandrapur PIN - 442401, admeasuring 737.00 sq.mts. area being developed by Promoter'sName] **SHREE SAI RACHNA ASSOCIATES CHANDRAPUR**

Sir,

If We **RAVINDRA S. PACHARE** have undertaken assignment as Architect /Licensed Surveyor of certifying Completion of Construction Work of **SHREE BALAJI TOWER** Building/ ..... Wing of the Building situated on the plot bearing CN. No/CTS No.fSurvey *tio.]* Final Plot no. **107/9A1** of Division **Chandrapur**, village Chandrapur, taluka Chandrapur, District Chandrapur PIN - 442401 admeasuring 737.00 sq.mts. area being developed by **SHREE SAI RACHNA ASSOCIATES CHANDRAPUR**.

1. Following technical professionals are appointed by Owner/ Promoter :- **SHREE SAI RACHNA ASSOCIATES CHANDRAPUR**.

(i) Shri **RAVINDRA S. PACHARE** as L.S./ Architect;

(ii) Shri **AJJ ENGEENRS** as Structural Consultant

(iii) ShrifSmt ..... as MEPConsultant

(iv) Shri/Smt ..... as Site Supervisor

Based on Completion Certificate received from Structural Engineer and Site Supervisor; and to the best of my/our knowledge *I/We* hereby certify that **SHREE BALAJI TOWER** Building/ ..... Wing of the Building has been completed in all aspects and is fit for occupancy for which it has been erected / re-erected / constructed and enlarged. The.....Building/.....Wing of the Building is granted Occupancy Certificate/Completion Certificate bearing number ..... dated ..... by (Local Planning Authority)

Yours Faithfully



Signature & Name

AR. RAVINDRA S. PACHARE

of L.S/ Architect with **(LicenceNo CA/97/22014)**