CA NIRANJAN R. JADHAV

ACA, B.COM

OFFICE ADDRESS: 170/A, MAYURESH,
KOTHI ROAD, MAHAL, NAGPUR-440032
EM@IL ID: CA.NRJADHAV@GMAIL.COM
CONT@CT NO.: 9766710861

FORM 5

ANNUAL REPORT ON STATEMENT OF ACCOUNTS

To

M/s Maharana Builders, Developers and Engineers

Shivhare Bhavan, Koshtipura

Sitabuldi

Nagpur-440012

SUBJECT: Report on Statement of Accounts on project fund utilization and withdrawal by M/s Maharana's for the period from 01/04/2020 to 31/03/2021 with respect to MahaRERA Regn. Number **P50500022795.**

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 have obtained all necessary information and explanation from the Company, during the course of our audit, which in my opinion are necessary for the purpose of this certificate.
3. I hereby confirm that I have examined the prescribed registers, books and documents, and the relevant records of M/S Maharana's for the period ended 31/03/2021 and hereby certify that:

   i. M/S Maharana's have completed 0% of the project titled Yamuna Apartments MahaRERARegn.No **P50500022795** located at Plot no. 132 Sawan Cooperative Housing Society, Godhani Road, Nagpur- 440030

   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 Amount withdrawn during the year for this project is Rs. _____nil_____ and amount withdrawn till date is Rs.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 M/s Maharana has utilized the amounts collected for Yamuna Apartments 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(If not, please specify the amount withdrawn in excess of eligible amount or any other exceptions)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 NIRANJAN R.JADHAV
Place: Full Address: 170/A, MAYURESH, KOTHI ROAD, MAHAL, NAGPUR-440032
Date: Membership No.: 173437
Contact No. : 9766710861 E mail: ca.nrjadhav@gmail.com
UDIN: 21173437AAAABV5147
Date: 04/10/2021