

FORM R-1

APPENDIX

[See Regulation 11(3)(i)(a)]

CERTIFICATE BY ARCHITECT

(To be uploaded by the Promoter on his webpage on the RERA website before withdrawal of money from RERA Retention Account)

To,

THE MEDICITY COLONIZERS

SANMATI TOWER, JATIA BAZAR TABELA GATE

SIKAR, RAJASTHAN-332001

Subject: Certificate of percentage of completion of construction work of **SHRI GOVIND MEDICITY** Building(s) of the _____ Phase of the Project (RERA Registration Number **RAJ/P/2024/3099**) situated on the Khasra No. 1792/1705 demarcated by its boundaries (latitude and longitude of the end points) _____ to the North _____ to the South _____ to the East _____ to the West of village Sikar Tehsil Dujod District Sikar admeasuring **13573** sq. mts. Area being developed by **MEDICITY COLONIZERS**.

Sir,

I/ We **Rachit Rawat** have undertaken assignment as Architect of certifying percentage of completion of construction work of the **SHRI GOVIND MEDICITY** Building(s) of the _____ Phase of the Project, situated on the Khasra No. 1792/1705 village Sikar Tehsil Dujod District Sikar admeasuring **13573** sq.mts. Area being developed by **MEDICITY COLONIZERS**..

1. Based on site inspection, with respect to each of the Building of the aforesaid Real Estate Project, I certify that as on the date **16-10-2024**, the percentage of work done for each of the building of the Real Estate Project (registration number **RAJ/P/2024/3099** under Rajasthan RERA), is as per TABLE-A herein below. The percentage of the work executed with respect to each of the activity of the entire phase is detailed in TABLE-B.



TABLE-A

Building Number **SHRI GOVIND MEDICITY** (to be prepared separately for each Building of the Project)

Sr. No	Tasks / Activity	Percentage of work done (Approximately)
(1)	(2)	(3)
1.	Excavation	N.A.
2.	N.A. number of Basement(s) and Plinth	N.A.
3.	N.A. Stilt Floor	N.A.
4.	N.A. number of Slabs of Super Structure	N.A.
5.	Internal Walls, Internal Plaster, Floorings within Flats/Premises, Doors and Windows to each of the Flat/Premises.	N.A.
6.	Sanitary Fittings within the Flat/Premises, Electrical Fittings within the Flat/Premises.	N.A.
7.	Staircase, Lifts Wells and Lobbies at each Floor level connecting Staircase and Lifts, Overhead and Underground Water Tanks.	N.A.
8.	The externals plumbing and external plaster, elevation, completion of terraces with waterproofing of the Building/Wing.	N.A.
9.	Installation of lifts, water pumps, Fire Fighting Fitting and Equipment as per CFO NOC, Electrical fittings to Common Areas, electro, mechanical equipment, Compliance to conditions of environment /CRZ NOC, Finishing to entrance lobby/s, plinth protection, paying of areas appurtenant to Building, Compound Wall and all other requirements as may be required to obtain Completion Certificate.	N.A.

TABLE-B

Internal and External Development Works in respect of the entire Registered Phase/Project.

Sr. No.	Common areas and Facilities/Amenities	Proposed (Yes/No)	Percentage of work done	Details
(1)	(2)	(3)	(4)	(5)
1.	Internal Roads & Footpaths.	Yes	100	
2.	Water Supply	Yes	100	
3.	Sewerage (chamber, lines, Septic tank, STP).	No	N.A	
4.	Storm Water Drains.	Yes	100	



5.	Landscaping & Tree Planting.	Yes	100	
6.	Street Lighting.	Yes	100	
7.	Community Buildings.	No	N.A	
8.	Treatment and disposal of sewage and sullage water.	Yes	100	
9.	Solid Waste management & Disposal.	No	N.A	
10.	Water conservation, Rain water harvesting.	No	N.A	
11.	Energy management.	No	N.A	
12.	Fire protection and fire safety requirements.	No	N.A	
13.	Electrical meter room, sub-station, receiving station.	Yes	100	
14.	Others (Option to add more)	No	N.A	

Yours Faithfully,



 Signature & Name
 (IN BLOCK LETTERS) of Architect
 (Address)

Place:

Date: