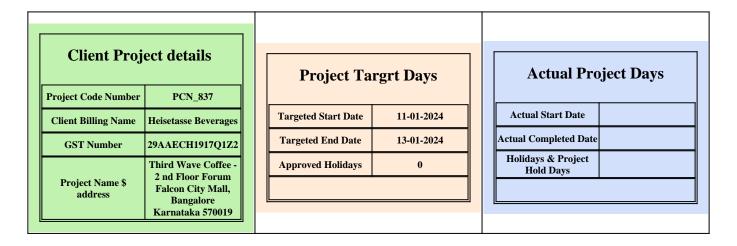


### PCN REGISTRATION FORM / PROJECT HISTOGRAM



PO Date	PO Date 11-01-2024		123456	

**DLP Days** 

# **Project Contact Details**

**DLP Applicable** 

No

#### **Client Details**

Name	Designation	Organisation	Contact No.	Email ID
Raju	MD	qqqq	8999000000	raju@gmail.com
Raju	MD	qqqq	8999000000	raju@gmail.com

**DLP End Date** 

### **Architect/PMC Details**

Name	Designation	Organisation	Contact No.	Email ID
Abhinav	Architect	mallls	0909090909	arch@gmail.com
Abhinav	Architect	mallls	0909090909	arch@gmail.com

**Landlord /Property Coordinators** 

Name	Designation	Organisation	Contact No.	Email ID
land	Landlord	malllls	3333333333	land@gmail.com
land	Landlord	malllls	3333333333	land@gmail.com

#### **HRE Details**

ne Designation Contact No.	Email ID Start Date	End Date
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## **All Vendor Details**

Department	Vendor Company	Contractor's	Mobile	Supervisor's	Mobile	Start	End
Heading	Name	Name	Modile	Name	MIODIIE	Date	Date

Form Filled By	Super Admin	HRE Office Only
Designation	Super Admin	Verified By

Date	06-02-2024 16:23	PCN Alloted By
Signature		Signature :