# **Johnson Lifts Private Limited**

PLOT NO.R7/2 & 3, NORTH MAIN ROAD, ANNA NAGAR WESTERN EXTN. CHENNAI PIN: 600101 EXTN.CHENNAI GST NO : 33AAACJ0838Q1ZD

## **CLIENT NAME & INSTALLATION ADDRESS:**

JOB NO : L-Q1213

### **Mohammed**

10, RANGAN STREET T NAGAR CHENNAI TAMILNADU PIN: 600017

Date: Fri Apr 08 2022 11:04:49 GMT+0530 (India Standard Time)

S.No	TASK DESCRIPTION	STATUS
1	MACHINE ROOM FLOOR SLAB TO BE PROVIDED	No
2	MACHINE ROOM FLOOR SLAB MAIN HOLES TO BE PROVIDED AS PER THE MARKING DONE BY JOHNSON LIFTS PRIVATE LIMITED.	No
3	MACHINE ROOM ROOF SLAB TO BE PROVIDED	No
4	MACHINE ROOM 2 NOS. LOUVER TYPE VENTILATORS WITH GLASS TO BE FIXED AS PER OUT GAD (SIZE 3' - 0" X 2' - 0")	No
5	MACHINE ROOM STEPS WITH HAND RAIL TO BE PROVIDED (3' - 0" WIDE)	No
6	MACHINE ROOM FLOORING TO BE COMPLETED	No
7	POWER CABLE TO TAKEN OUTSIDE OF THE LIFT SHAFT (NOT APPLICABLE FOR MAHARASHTRA STATE)	No
8	PERMANENT LIFT WELL LIGHTING WITH 5 AMPS 3 PIN PLUG WITH SWITCH AS PER DRAWING	No
9	TEMPORARY LIGHTING ARRANGEMENT TO BE PROVIDED AT THE LIFT SHAFT AREA FOR LIGHTING DURING ERECTION TIME	No
10	TWO NOS. TUBE LIGHT TO BE FIXED AT THE HEAD ROOM FOR MRL TYPE LIFTS	No

### **REMARKS**

fvb

Customer Signature kalam

vjbsaja

\* Payment is due within 30 days

#### THANK YOU FOR YOUR BUSINESS

**②** johnsonlift.com +91-9514497862**☑** johnsonlift@gmail.com

<sup>\*</sup> Make all cheques payable to [Your Company Name]

<sup>\*</sup> If you have any questions concerning this invoice, contact [Name, Phone Number, Email]