

Dr. Amin Controllers Private LimitedEmbassy Chambers, 6th Floor, Plot-No.5, 3rd Road, Khar(W), Mumbai – 400 052

Tel.: +91-22-2648 9260-7 Fax: +91-22-2648 9270-271

E-Mail: vikram@rcaindia.net , ks@rcaindia.net**REQUEST FOR INSPECTION****Date: 07/10/2022**

Name of the Client / End User	:	EXECUTIVE ENGINEER (M),(I/C) MJP, CIRCLE PANVEL
Name of the Contractor	:	M/s. THE INDIAN HUME PIPE CO LTD
Name of the Manufacturer *	:	M/s. Anant Steel Fabricators,
Location, address & Contact Details	:	D-37, 1 st Floor, MIDC, Ahmednagar - 414111
Place of Inspection	:	<input checked="" type="checkbox"/> Manufacturer <input type="checkbox"/> Site <input type="checkbox"/> Consignee end <input type="checkbox"/> Client Premise <input type="checkbox"/> Warehouse
Inspection Location, Contact Person & Contact details *	:	M/s. Anant Steel Fabricators, D-37, 1 st Floor, MIDC, Ahmednagar - 414111
Date of inspection Required *	:	After 11th October, 2022
Order No. / P. O. No. / W.O. No.	:	
Goods to be inspected *	:	Dismantling Joints
Quantity of Goods	:	(As per Department letter)
ExFactory value of Inspected goods	:	
Scope of Inspection with Ref standards / QAP/specification *	:	<input type="checkbox"/> Visual <input type="checkbox"/> Dimension <input type="checkbox"/> Document Review <input type="checkbox"/> Type Test <input type="checkbox"/> Witness Test <input checked="" type="checkbox"/> As per Department letter
Type of Inspection required	:	<input type="checkbox"/> Stage Inspection <input type="checkbox"/> Final Inspection
Reference Document for Inspection	:	<input type="checkbox"/> PO Scope <input checked="" type="checkbox"/> QAP <input type="checkbox"/> Ref. Standard
Invoice / Billing Details		
Company Name / Firm Name * Legal name as per GST	:	M/s. Mahavir Hydro Projects Pvt Ltd.
Billing Address *	:	U-1, Phase-IV, MIDC, Akola-444104
Contact Number *	:	9158228404
Email Id *	:	mahavirelectro@gmail.com
Company Type *	:	<input type="checkbox"/> Proprietor <input checked="" type="checkbox"/> Private <input type="checkbox"/> Public <input type="checkbox"/> Enterprise <input type="checkbox"/> Govt <input type="checkbox"/> Individual
GST No.:	27AAGCS4118J1Z8	PAN NO. * AAGCS4118J TAN NO. * NGPS05187A
TDS DEDUCTED	<input type="checkbox"/> 2 % <input type="checkbox"/> NIL	
Bank account Details		
Bank / Branch Name	:	
Bank Account No.	:	
NEFT/RTGS NO.	:	
IFSC Code	:	

- Note:**
- 1) * are mandatory fields for scheduling the inspection.
 - 2) Please provide accurate information of the company to whom the Invoice of Inspection fee is to be raised including GST/IGST as no changes in the above will be accepted after the Invoice has been raised.
 - 3) If the amount paid in a Financial Year does not exceed TDS Limit., ie Rs 30000/- NO TDS should be deducted and invoice amount shall be paid in full TDS shall be deducted on the BASIC amount of the Invoice
 - 4) TDS certificate has to be provided within Twenty days of the End of the Quarter of the month of deduction.

I hereby confirm that I have read the above terms and given accurate details

Abhiraj Jain

**Name & Signature of Authorized Person**

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