

# Dr. Amin Controllers Private Limited

Embassy Chambers, 6<sup>th</sup> Floor, Plot-No.5. 3<sup>rd</sup> Road, Khar(W), Mumbai – 400 052

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## REQUEST FOR INSPECTION

Date :

Name of the Client / End User	:	SAI CONSTRUCTION COMPANY
Name of the Contractor	:	RIL & SCC (JV)
Name of the Manufacturer * Location, address & Contact Details	:	MEGA PIPES PRIVATE LIMITED. Village Hedavali, Khopoli-Pali Road, Taluka- Sudhagadh, Dist. Raigad, Maharashtra, 410 205
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 *	:	Village Hedavali, Khopoli-Pali Road, Taluka- Sudhagadh, Dist. Raigad, Maharashtra, 410 205
Date of inspection Required *	:	14/10/2022
Order No. / P. O. No. / W.O. No.	:	
Goods to be inspected *	:	1500 MM DIA M.S.PIPES.
Quantity of Goods	:	2000 MTR.
Ex Factory value of Inspected goods	:	-
Scope of Inspection with Ref standards / QAP/specification *	:	<input checked="" type="checkbox"/> Visual <input checked="" type="checkbox"/> Dimension <input checked="" type="checkbox"/> Document Review <input checked="" type="checkbox"/> Type Test <input checked="" type="checkbox"/> Witness Test
Type of Inspection required	:	<input type="checkbox"/> Stage Inspection <input checked="" 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	:	SAI CONSTRUCTION COMPANY			
Billing Address *	:	AT VINDHANE, POST DIGHODE, TAL URAN, RAIGAD,			
Contact Number *	:	9821417272			
Email Id *	:	<a href="mailto:Saijoshi1965@gmail.com">Saijoshi1965@gmail.com</a>			
Company Type *	:	<input checked="" type="checkbox"/> Proprietor <input type="checkbox"/> Private <input type="checkbox"/> Public <input type="checkbox"/> Enterprise <input type="checkbox"/> Govt <input type="checkbox"/> Individual			
GST No. : *	27ADKPJ1669D1ZJ	PAN NO. *	ADKPJ1669D	TAN NO. *	PNEP10816B

TDS DEDUCTED	<input type="checkbox"/> 2% <input type="checkbox"/> NIL
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### 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

Name & Signature of Authorized Person

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