 **Company/Organisation/Institute Name Date:**

(Department/ Ministry/ Division of ­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)

**Name of survey/ Survey Type\_\_\_\_\_**

**Name of the Surveyor/s: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ROW:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| S.No. | Property no./Building No. | No. of Floors | Floor wise use- specify (ex. shop, clinic, office, residence, household industry, etc.) | | | | | | | | No. of DU | Residence/Mixed Use | Setbacks  F R S1 S2 | | | |
| Basement | Ground (G)/Stilt | Upper Ground(G+1) | G+2 | G+3 | G+4 | G+5 | G+6 |
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