

No. 7373
Date 11/11/22



FORM B

[See rule 3 (4)]

DECLARATION, SUPPORTED BY AN AFFIDAVIT, WHICH SHALL BE SIGNED BY THE PROMOTER OR ANY PERSON AUTHORISED BY THE PROMOTER

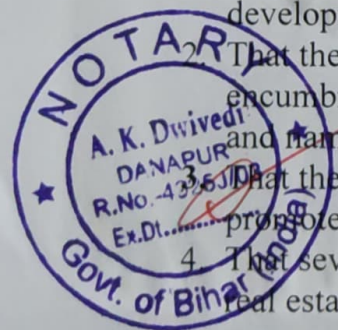
AFFIDAVIT-CUT-DECLARATION

Affidavit cum Declaration of Smt.DR.KUMUD KAMINI (KESHAV HOSPITAL PVT LTD)

Mr. /SMT. DR.KUMUD KAMINI ((promoter of the project/ duly authorized by the promoter of the project, vide its/his /their authorization dated ____/____/____(dd/mm/yy);

I, SMT. DR.KUMUD KAMINI “**BASU PLAZA**” promoter of this project /duly authorized by the promoter of the project do hereby solemnly declare, undertake and state as under:

1. That {I/Promoter} [have/has] a legal title to the land on which the development of the project is proposed or LAND OWNER KESHAV HOSPITAL PVT LTD. Through its Director SMT. DR.KUMUD KAMINI W/O- DR.ASHOK KUMAR SINHA ,Resident of VEET VIBHAG COLONY, KHAJPURA PO- B.V.COLLEGE PATNA [have/has] a legal title to the land on which the development of the proposed project is to be carried out And A legally valid authentication of title of such land along with an authenticated copy of the agreement between such owner and promoter for development of the real estate project is enclosed herewith.
2. That the said land is free from all encumbrances. Or That details of encumbrances including details of any rights, title, interest, dues, litigation and name of any party in or over such land.
3. That the time period within which the project shall be completed by [me/the promoter] is **20/11/2027**
4. That seventy per cent. Of the amounts relished by [me/the promoter] for the real estate project from the allottees, from time to time, shall be deposited in a separate account to be maintained in a scheduled bank to cover the cost of construction and the land cost and shall be used only for that purpose.
5. That the amounts from the separate accounts, to cover the cost of the project, shall be withdrawn by [me/the promoter] in proportion to the percentage of completion of the project.
6. That the amounts from the separate account shall be withdraw by [me/the promoter] after it is certified by an engineer, an architect and a character



GOVERNMENT OF BIHAR
e-Court Fee

IT 0002054083



DATE & TIME :

10-OCT-2022 12:55:16

NAMES OF THE ACC/ REGISTERED USER :

SAHAJ RETAIL LIMITED

LOCATION :

Civil Court Danapur

e-COURT RECEIPT NO :

BRCT1034J2245M749

e-COURT FEE AMOUNT :

₹ 95

(Rupees Ninety-Five Only)



BRCT1034J2245M749



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account in practice that the withdrawal is in proportion to the percentage of completion of the project.

7. That [I/the promoter] shall get the accounts audited within six months after the end of every financial year by a chartered accountant in practices, and shall produce a statement of accounts duly certified and signed by such chartered accountant and it shall be verified during the audit that the amounts collected for a particular project have been utilized for the project and the withdrawal has been in compliance with the proportion to the percentage of completion of the project.

8. That [I/the promoter] shall take all the pending approvals on time. From the competent authorities.

9. That [I/the promoter] [have/has] furnished such other documents as have been prescribed by the Act and the rules and regulations made there under. That [I/the promoter] shall not discriminate against any allottee at the time of allotment of any apartment, plot or building, as the case may be.



Deponent

K. Kamini

Managing Director
Keshav Hospital (Pvt.) Ltd.
PATNA

Verification

The contents of my above Affidavit cum Declaration are true and correct and nothing material has been concealed by me there from.

Date: 11/10/2022 (dd/mm/yy)

Place: PATNA

Sri/Smt. Kamini Kamini
who is identified by Sri. Advocate
Advocate solemnly affirmed and
declared before me

A. K. Dwivedi
Notary Public Danapur

K. Kamini

Deponent

Managing Director
Keshav Hospital (Pvt.) Ltd.
PATNA

I identify the Signature/ L.T.L
of the deponent who has
Signed/ L.T.L. in my presence.

Advocate

11.10.22



भारत सरकार
Government of India

डॉ. कुमुद कामिनी
Dr. Kumud Kamini
जन्म तिथि / DOB : 05/05/1966
महिला / Female



7143 4800 8477

आधार - आम आदमी का अधिकार



Unique Identification Authority of India

पता:
संशोधित: डॉ. अशोक कुमार, बी/७
नॉर्थ फाइन्स कॉलोनी, कोलोनी
खाजपुरा, पॉस्ट न-०२, रुकनपुरा,
पटना, बी.भी. कॉलेज, बिहार,
८०००१४

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