

# Project Application Form

## Promoter Details

Name*	
PAN No*	
Mobile No*	
FAX Number	
Occupation	
State*	
Pin code*	

Father's Name*	
Aadhaar Number*	
Telephone Number*	
E Mail*	
Address Line 1*	
Address Line 2*	
District	

## If it is a firm

Name of the Firm / Company*	<b>DRA AADITHYA CHENNAI HOMES LLP</b>
Address*	NO. 480, 1 <sup>ST</sup> FLOOR, KHIVRAJ COMPLEX-II, ANNA SALAI, NANDANAM, CHENNAI-600 035
Mobile No*	95662 80925
Telephone No	044 – 4560 7800
FAX Number	044 – 2434 1686
E Mail	kavitha.a@drahomes.in
State*	TAMIL NADU
Pin code*	600 035

Copy of the Registration Certificate*	
Name and Photograph and address of Chairman or the Governing Body / Partner / Director etc.,*	
Main objects*	

For DRA AADITHYA CHENNAI HOMES LLP

  
Designated Partner

Previous Project Details (Last 5 Years only)

Project Name*	90 DEGREES
Current Status	ON-GOING
Category of Building	RESIDENTIAL CUM COMMERCIAL
Is there any Case Pending	NO
Address	S.No. 7/1A2A,1B3,2A1,2A2,2A3,8/1A2, 1C, 19/1A1A, 1A1B, Kivilambakkam Village, Sholinganallur Taluk.

Project Description (Max 500 Characters)	<b>Block – 1 : B+S+11 Floor ( 111 Doweling Units + Commercial area)</b> <b>Block – 2 : S+2 Floors ( Amenities Building)</b>
State	TAMIL NADU
District*	KANCHIPURAM
Pincode	600 117