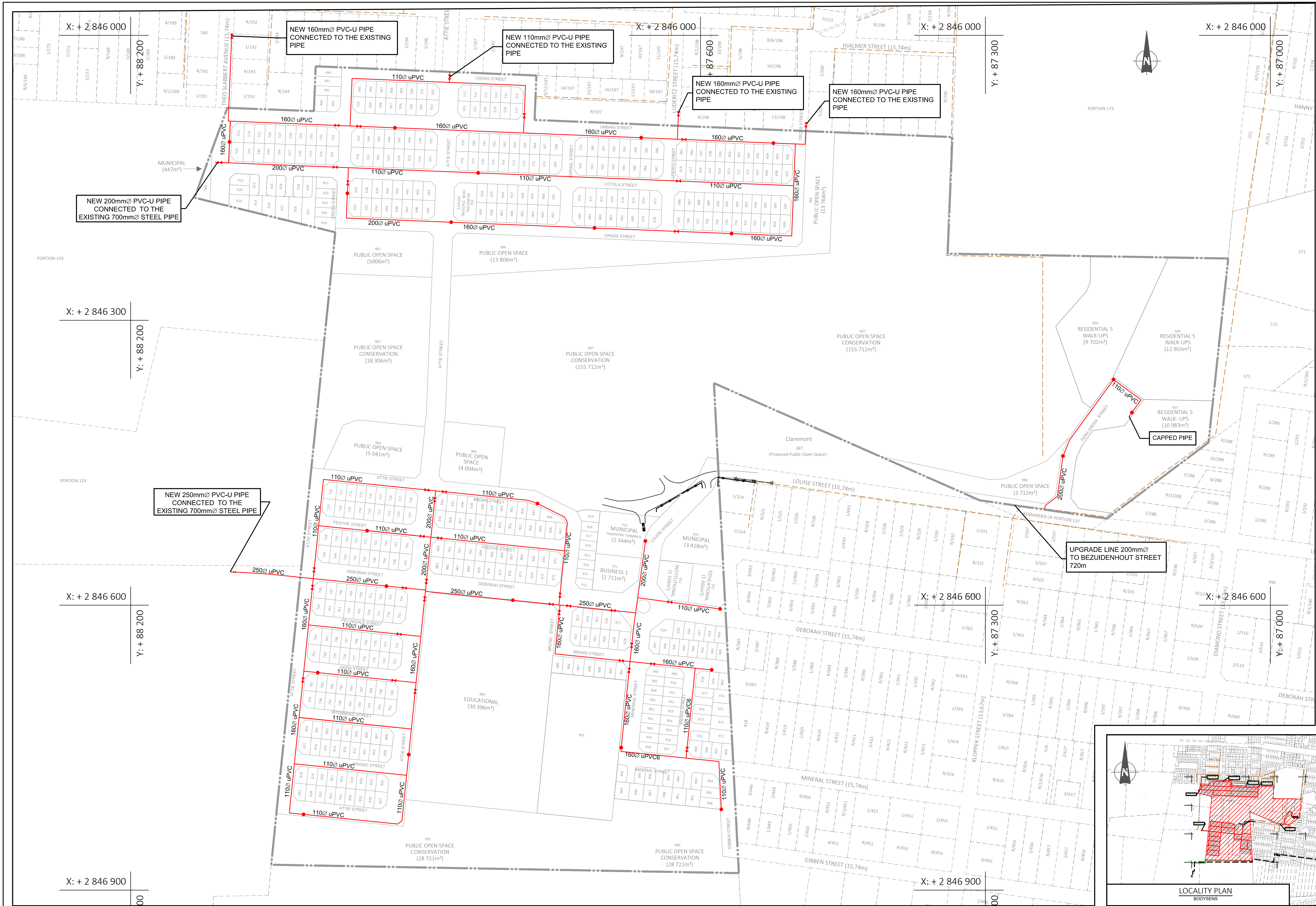


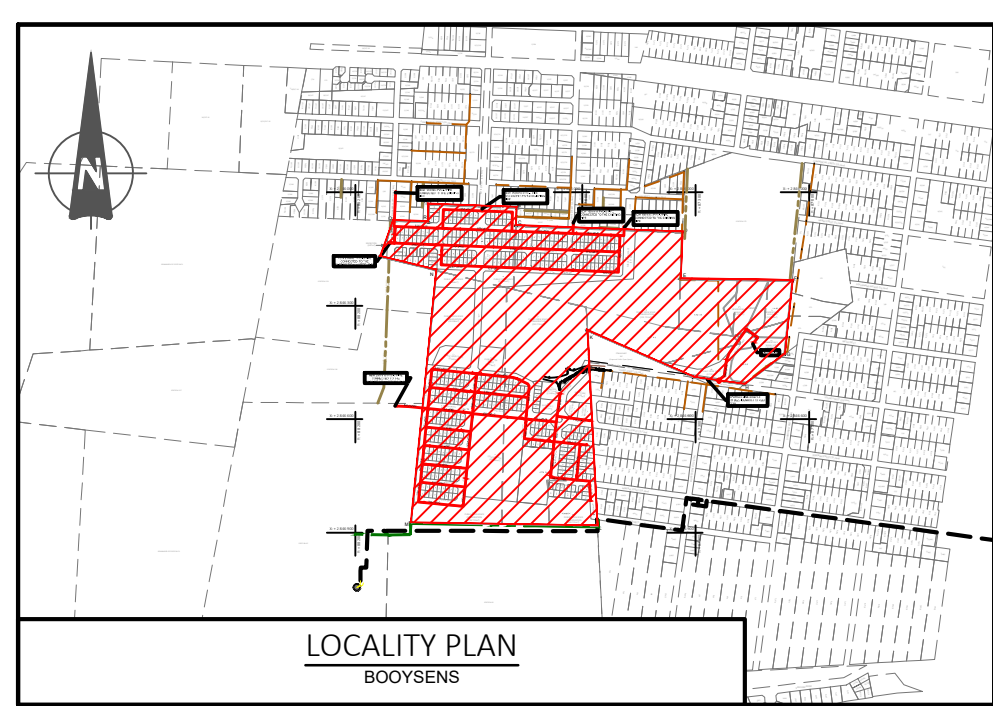


NOTES AND SPECIFICATIONS

- GENERAL**
1. ALL MATERIAL AND WORKMANSHIP MUST COMPLY WITH THE REQUIREMENTS OF THE LATEST RELEVANT STANDARDS.
 2. ALL DIMENSIONS ARE IN mm (UNLESS OTHERWISE SPECIFIED).
 3. DO NOT SCALE FROM THESE DRAWINGS.
 4. ALL DIMENSIONS MUST BE CHECKED AND APPROVED ON SITE.
 5. ALL CONSTRUCTION TO BE DONE IN ACCORDANCE WITH THE STANDARD SPECIFICATIONS FOR MUNICIPAL CIVIL ENGINEERING WORKS, THIRD EDITION 2005 AND THE STANDARD COT DETAIL DRAWINGS.
 6. THIS DRAWING MUST BE READ IN CONJUNCTION WITH THE STANDARD DRAWINGS (IF APPLICABLE).
 7. THIS DRAWING MUST BE READ IN CONJUNCTION WITH THE STANDARD SPECIFICATIONS FOR MUNICIPAL CIVIL ENGINEERING WORKS, SERIES 4.
 8. THE SIGNATURE OR INITIALS ON THIS DRAWING OF ANY DIRECTOR OF THE WATER AND SANITATION DEPARTMENT, IN NO WAY, REMOVES ANY RESPONSIBILITY WHATSOEVER FROM THE CONSULTANT.
 9. THE CONSULTANT REMAINS RESPONSIBLE TO ENSURE THAT ALL THE GUIDELINES, STANDARD DRAWINGS, STANDARDS AND SPECIFICATIONS OF THE WATER AND SANITATION DEPARTMENT HAVE BEEN MET AND ARE COMPLIED WITH.
 10. FINAL POSITION OF SERVICES TO BE DETERMINED ON SITE.
 11. WATER PIPES ARE USUALLY PLACED 2m FROM BPF BOUNDARY UNLESS OTHERWISE SPECIFIED.

- LEGEND**
- WATER**
- NEW HYDRANT
 - PROPOSED / NEW PIPE
 - NEW VALVE
 - NEW VALVE ON EXISTING PIPE
 - NEW HYDRANT ON EXISTING PIPE
 - NEW END CAP
 - NEW FRY
 - NEW AIR VALVE
 - NEW WATER METER
 - EXISTING PIPE CAPPED
 - EXISTING END CAP
 - EXISTING NETWORK PIPE
 - EXISTING BULK W. PELINE
 - EXISTING HYDRANT
 - WODE NUMBER
 - CLOSED VALVE
 - EXISTING VALVE
 - EXISTING COMMUNICATION PIPES
 - EXISTING AIRVALVE
 - EXISTING WATER METER
 - EXISTING FRY
 - EXISTING PUMP
 - PIPE TO BE ABANDONED
 - REDUNDANT PIPE
 - EXISTING RES DISTRIBUTION ZONE
 - PROPOSED RES DISTRIBUTION ZONE
 - EXISTING BAND WATER PIPE
 - SUBURB BOUNDARY
 - SUBURB GAS LINE
 - PETROL ET PIPE
 - NEW PIPE IN NEW SLEEVE

N.B: ALL NEW WATER PIPELINES ARE PVC-U PIPES CLASS 12 AND RSV VALVES CLASS 16



AMENDMENTS				
NR	DATE	APPROVED	DESCRIPTION	PAR
1	01-12-2025	Z.D RANTA	CONSTRUCTION DRAWINGS	

WATER AND SANITATION				
FOR INTERNAL APPROVAL - PRELIMINARY DESIGN ONLY (NOT FOR CONSTRUCTION)				
DIRECTOR: WATER AND SANITATION - PLANNING				
NAME	Prof. Reg. No.	SIGNATURE	DATE	
REGIONAL DIRECTOR: (1, 2, 3, 4, 5, 6 or 7)				
NAME	Prof. Reg. No.	SIGNATURE	DATE	
DIRECTOR: SYSTEM DEVELOPMENT				
NAME	Prof. Reg. No.	SIGNATURE	DATE	
DIRECTOR: BULK WATER				
NAME	Prof. Reg. No.	SIGNATURE	DATE	
DIRECTOR: INFRASTRUCTURE PROVISION				
NAME	Prof. Reg. No.	SIGNATURE	DATE	
DIRECTOR: WASTE WATER TREATMENT				
NAME	Prof. Reg. No.	SIGNATURE	DATE	

CONSULTANT DETAIL	
 DPT CIVIL AND STRUCTURAL IV POSTNET SUITE 453 SINOVILLE CONER PRIVATE BAG X504 SINOVILLE 0129 TEL: 012 567 7381 FAX: 012 567 1996 E-MAIL: info@dtshimaga.co.za	
Prof Reg Nr HEREBY CERTIFY THAT THE SERVICES WILL HAVE BEEN INSTALLED ACCORDING TO NOTE 9 OF THE ABOVE NOTES AND TO THE DRAWING	
SIGNATURE	DATE
CONSULTANT DRAWING NUMBER: 2017/SM/10/01-SRL-011	

DESIGNED	
NAME: Z.D RANTA	Dr Eng. Prof Reg No: 201170066
SIGNATURE:	DATE:
DRAWN	
NAME: K. MOLEMA	Prof Reg No:
SIGNATURE:	DATE:
CHECKED	
NAME: Z.D RANTA	Dr Eng. Prof Reg No: 201170066
SIGNATURE:	DATE:
INFORMATION OFFICE CHECKED	
NAME:	Dr Eng. Prof Reg No:
SIGNATURE:	DATE:
DESIGN OFFICE APPROVAL	
NAME: Z.D RANTA	Dr Eng. Prof Reg No: 201170066
SIGNATURE:	DATE:

CONTRACT No:
PROJECT No:
SHEET No: 2543IES-103
PAPER SIZE: A1
SCALE: AS SHOWN
DATE: 2025-06-10

PROJECT STATUS	
RECEIVED SIGN WHEN APPLICABLE	
☐ CONCEPT DRAWING	☐ TENDER DRAWING
☒ APPROVED CONSTRUCTION DRAWING	☐ AS BUILT DRAWING
PROJECT ENGINEER OF COT:	
NAME:	Dr Eng. Prof Reg No:
SIGNATURE:	DATE:
INSPECTOR OF WORKS OF COT:	
NAME:	Dr Eng. Prof Reg No:
SIGNATURE:	DATE:

LOCATION OF PROJECT:	
BOOYSENS	
DESCRIPTION OF PROJECT:	
BOOYSENS EXT 4 WATER RETICULATION LAYOUT	
WBS No.:	
COT DRAWING NUMBER:	



1. ALL MATERIAL AND WORKMANSHIP MUST COMPLY WITH THE REQUIREMENTS OF THE LATEST RELEVANT SANS STANDARD

2. ALL DIMENSIONS ARE IN mm (UNLESS OTHERWISE SPECIFIED)

3. DO NOT SCALE FROM THESE DRAWINGS

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6. THIS DRAWING MUST BE READ IN CONJUNCTION WITH THE STANDARD DRAWINGS (IF APPLICABLE)

7. THIS DRAWING MUST BE READ IN CONJUNCTION WITH THE STANDARD SPECIFICATIONS FOR MUNICIPAL CIVIL ENGINEERING WORKS, SERIES 4

8. THE SIGNATURE OR INITIALS ON THIS DRAWING OF ANY DIRECTOR OF THE WATER AND SANITATION DEPARTMENT, IN NO WAY, REMOVES ANY RESPONSIBILITY WHATSOEVER FROM THE CONSULTANT

9. THE CONSULTANT REMAINS RESPONSIBLE TO ENSURE THAT ALL THE GUIDELINES, STANDARD DRAWINGS, STANDARDS AND SPECIFICATIONS OF THE WATER AND SANITATION DEPARTMENT HAVE BEEN MET AND ARE COMPLIED WITH

10. FINAL POSITION OF SERVICES TO BE DETERMINED ON SITE

11. WATER PIPES ARE USUALLY PLACED 2m FROM ERP BOUNDARY UNLESS OTHERWISE SPECIFIED

LEGEND

WATER

- NEW HYDRANT
- PROPOSED / NEW PIPE
- NEW VALVE
- NEW VALVE ON EXISTING PIPE
- NEW HYDRANT ON EXISTING PIPE
- NEW END CAP
- NEW FRY
- NEW AIR VALVE
- NEW WATER METER
- EXISTING PIPE CAPPED
- EXISTING END CAP
- EXISTING NETWORK PIPE
- EXISTING BLANK PIPELINE
- EXISTING HYDRANT
- WODE NUMBER
- CLOSED VALVE
- EXISTING VALVE
- EXISTING COMMUNICATION PIPES
- EXISTING AIRVALVE
- EXISTING WATER METER
- EXISTING PUMP
- EXISTING PUMP
- PIPE TO BE ABANDONED
- REDUNDANT PIPE
- EXISTING RES DISTRIBUTION ZONE
- PROPOSED RES DISTRIBUTION ZONE
- EXISTING RAND WATER PIPE
- SURROUND BOUNDARY
- SASOL GAS LINE
- PETROL ET PIPE
- NEW PIPE IN NEW SLEEVE

DIAGRAMMATIC LAYOUT

KEY PLAN

SCALE 1:1000

LOCALITY PLAN

PRETORIA

NOTES AND SPECIFICATIONS

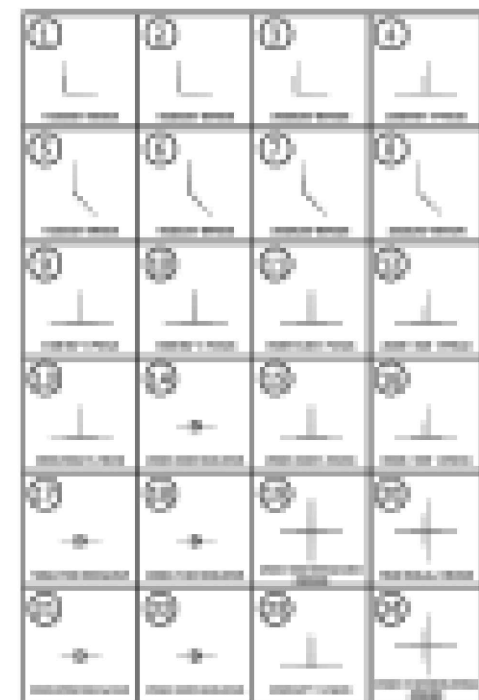
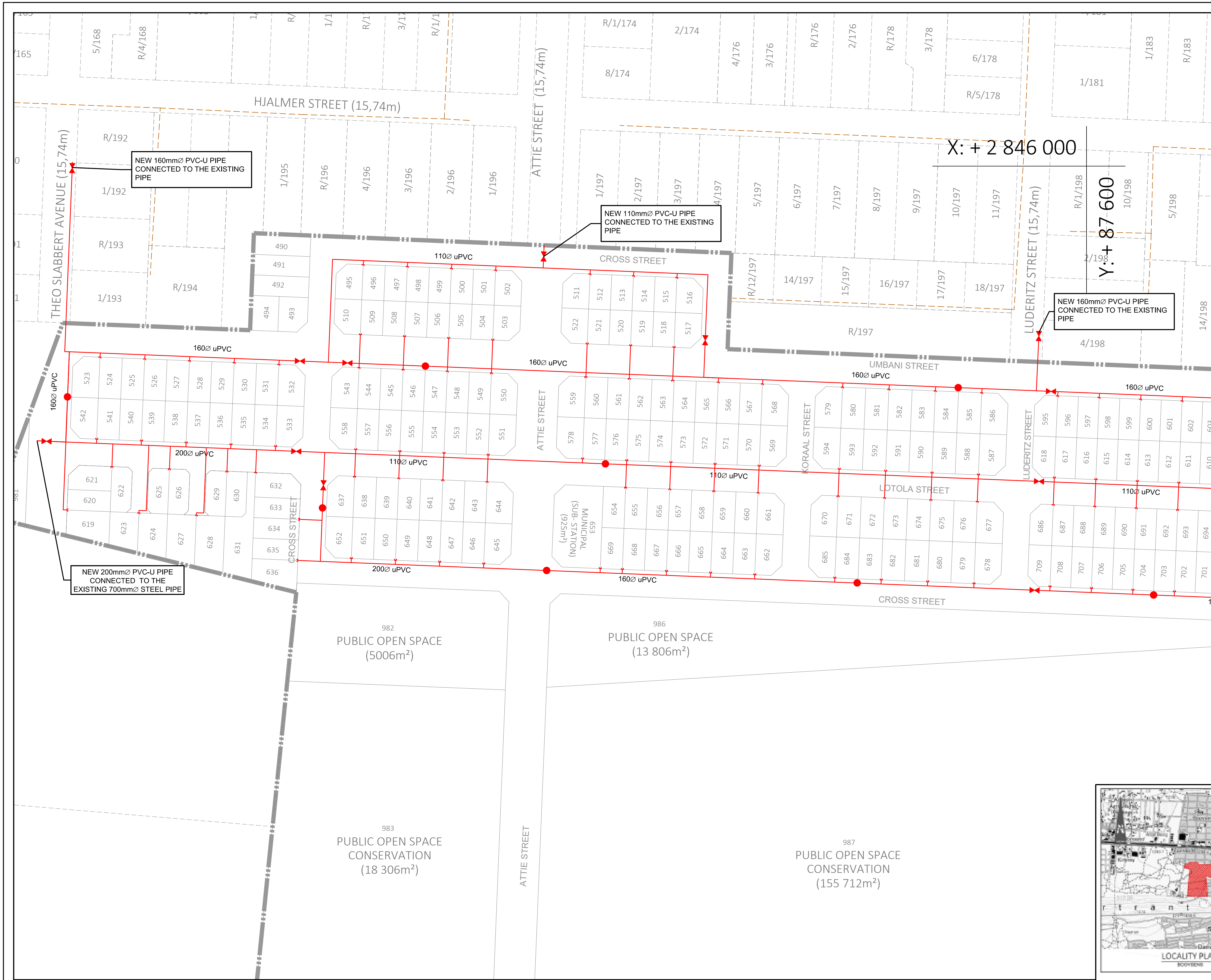
GENERAL

LEGEND

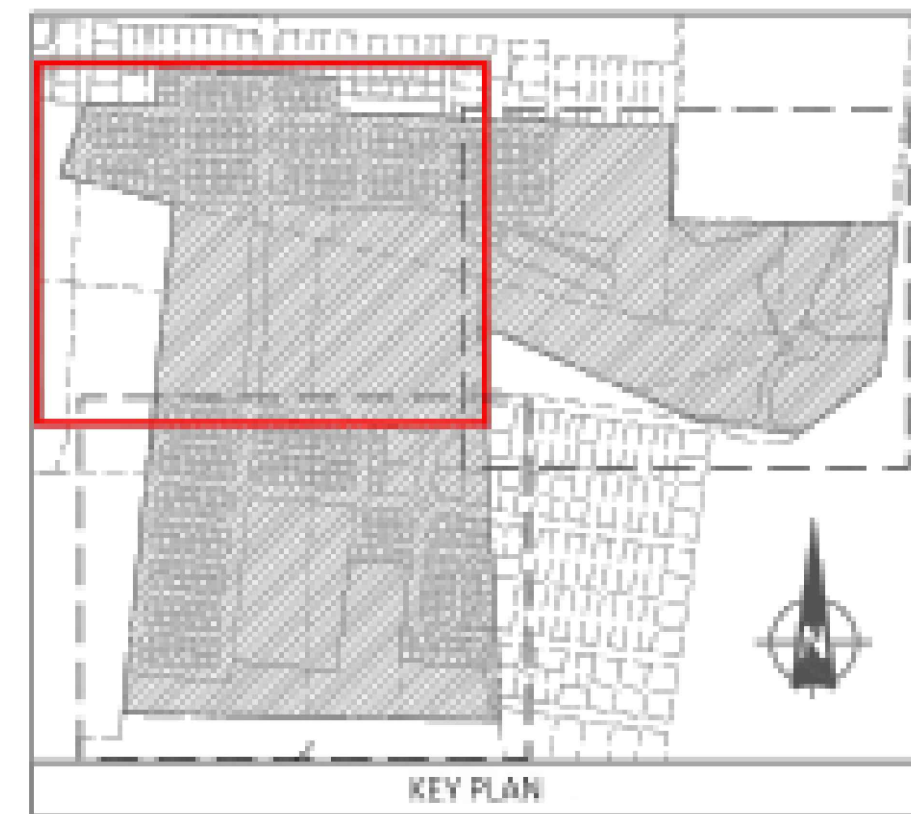
WATER

N.B: ALL NEW WATER PIPELINES ARE PVC-U PIPES CLASS 12 AND RSV VALVES CLASS 16

 CITY OF TSHWANE IGNITING EXCELLENCE PO BOX 1022 PRETORIA 0001 CITY OF TSHWANE SERVICES INFRASTRUCTURE DEPARTMENT WATER AND SANITATION DIVISION	AMENDMENTS				WATER AND SANITATION (FOR INTERNAL USE ONLY - DOES NOT BE AN APPLICATION)				CONSULTANT DETAIL				DESIGNED				CONTRACT		PROJECT STATUS				LOCATION OF PROJECT:									
	NR		DATE		APPROVED		DESCRIPTION		PAR		DIRECTOR: WATER AND SANITATION - PLANNING				DPT CIVIL AND STRUCTURAL IV POSTNET SUITE 453 SINOVILLE CONER PRIVATE BAG X504 SINOVILLE 0129 TEL: 012 567 7381 FAX: 012 567 1996 E-MAIL: info@ditshimega.co.za				NAME: <u>Z.D RANTA</u> Dr Eng. Prof Reg No: <u>2011700066</u>				No:		☐ CONCEPT DRAWING ☐ TENDER DRAWING ☒ APPROVED CONSTRUCTION DRAWING ☐ AS BUILT DRAWING				BooySENS			
	1		01-12-2025		Z.D RANTA		CONSTRUCTION DRAWINGS				NAME _____ Prof. Reg. No. _____ SIGNATURE _____ DATE _____ REGIONAL DIRECTOR: (1,2,3,4,5,6 or 7)				NAME: <u>K. MOLEMA</u> Dr Eng. Prof Reg No: _____ SIGNATURE: _____ DATE: _____				PROJECT No.		SHEET No. 2543IES-104				DESCRIPTION OF PROJECT:							
											NAME _____ Prof. Reg. No. _____ SIGNATURE _____ DATE _____ DIRECTOR: SYSTEM DEVELOPMENT				NAME: <u>Z.D RANTA</u> Dr Eng. Prof Reg No: <u>2011700066</u>				No.		PROJECT ENGINEER OF COT:				BooySENS EXT 4							
											NAME _____ Prof. Reg. No. _____ SIGNATURE _____ DATE _____ DIRECTOR: BULK WATER				NAME: _____ Dr Eng. Prof Reg No: _____				PAPER SIZE:		NAME: _____ Dr Eng. Prof Reg No: _____				WATER RETICULATION LAYOUT - SOUTH							
											NAME _____ Prof. Reg. No. _____ SIGNATURE _____ DATE _____ DIRECTOR: INFRASTRUCTURE PROVISION				NAME: _____ Dr Eng. Prof Reg No: _____				SCALE:		INSPECTOR OF WORKS OF COT:				WBS No. :							
											NAME _____ Prof. Reg. No. _____ SIGNATURE _____ DATE _____ DIRECTOR: WASTE WATER TREATMENT				NAME: _____ Dr Eng. Prof Reg No: _____				AS SHOWN		NAME: _____ Dr Eng. Prof Reg No: _____				COT DRAWING NUMBER:							
											NAME _____ Prof. Reg. No. _____ SIGNATURE _____ DATE _____				NAME: _____ Dr Eng. Prof Reg No: _____				DATE:		NAME: _____ Dr Eng. Prof Reg No: _____											
															CONSULTANT DRAWING NUMBER: 2017/SM/1001-SRL-011				2025-06-10		SIGNATURE: _____ DATE: _____											



DIAGRAMMATIC LAYOUT



KEY PLAN



SCALE 1:1000



LOCALITY PLAN

NOTES AND SPECIFICATIONS

GENERAL

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7. THIS DRAWING MUST BE READ IN CONJUNCTION WITH THE STANDARD SPECIFICATIONS FOR MUNICIPAL CIVIL ENGINEERING WORKS, SERIES 4
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LEGEND

WATER

- NEW HYDRANT
- PROPOSED / NEW PIPE
- NEW VALVE
- NEW VALVE ON EXISTING PIPE
- NEW HYDRANT ON EXISTING PIPE
- NEW END CAP
- NEW FRY
- NEW AIR VALVE
- NEW WATER METER
- EXISTING PIPE CAPPED
- EXISTING END CAP
- EXISTING NETWORK PIPE
- EXISTING BLANK PIPING
- EXISTING HYDRANT
- MODE NUMBER
- CLOSED VALVE
- EXISTING VALVE
- EXISTING COMMUNICATION PIPES
- EXISTING AIRVALVE
- EXISTING WATER METER
- EXISTING FRY
- EXISTING PUMP
- PIPE TO BE ABANDONED
- REDUNDANT PIPE
- EXISTING RES DISTRIBUTION ZONE
- PROPOSED RES DISTRIBUTION ZONE
- EXISTING RAMP WATER PIPE
- SUBURB BOUNDARY
- SASOL GAS LINE
- PETROLINET PIPE
- NEW PIPE IN NEW SLEEVE
- BLINDS & TIME GLASS

N.B: ALL NEW WATER PIPELINES ARE PVC-U PIPES CLASS 12 AND RSV VALVES CLASS 16



CITY OF TSHWANE
SERVICES INFRASTRUCTURE
DEPARTMENT
WATER AND SANITATION
DIVISION

AMENDMENTS				
NR	DATE	APPROVED	DESCRIPTION	PAR
1	01-12-2025	Z.D RANTA	CONSTRUCTION DRAWINGS	

WATER AND SANITATION			
FOR SIGNATURE APPROVAL - PROJECTED SIGNATURES APPLICABLE			
DIRECTOR: WATER AND SANITATION - PLANNING			
NAME	Prof. Reg. No.	SIGNATURE	DATE
REGIONAL DIRECTOR: (1,2,3,4,5,6 or 7)			
NAME	Prof. Reg. No.	SIGNATURE	DATE
DIRECTOR: SYSTEM DEVELOPMENT			
NAME	Prof. Reg. No.	SIGNATURE	DATE
DIRECTOR: BULK WATER			
NAME	Prof. Reg. No.	SIGNATURE	DATE
DIRECTOR: INFRASTRUCTURE PROVISION			
NAME	Prof. Reg. No.	SIGNATURE	DATE
DIRECTOR: WASTE WATER TREATMENT			
NAME	Prof. Reg. No.	SIGNATURE	DATE

CONSULTANT DETAIL



DPT CIVIL AND STRUCTURAL IV
POSTNET SUITE 453
SINOVILLE CONER
PRIVATE BAG X504
SINOVILLE 0129
TEL: 012 567 7381
FAX: 012 567 1996
E-MAIL: info@ditshimaga.co.za

I, HEREBY CERTIFY THAT THE SERVICES WILL HAVE BEEN INSTALLED
ACCORDING TO NOTE 9 OF THE ABOVE NOTES AND TO THE DRAWING

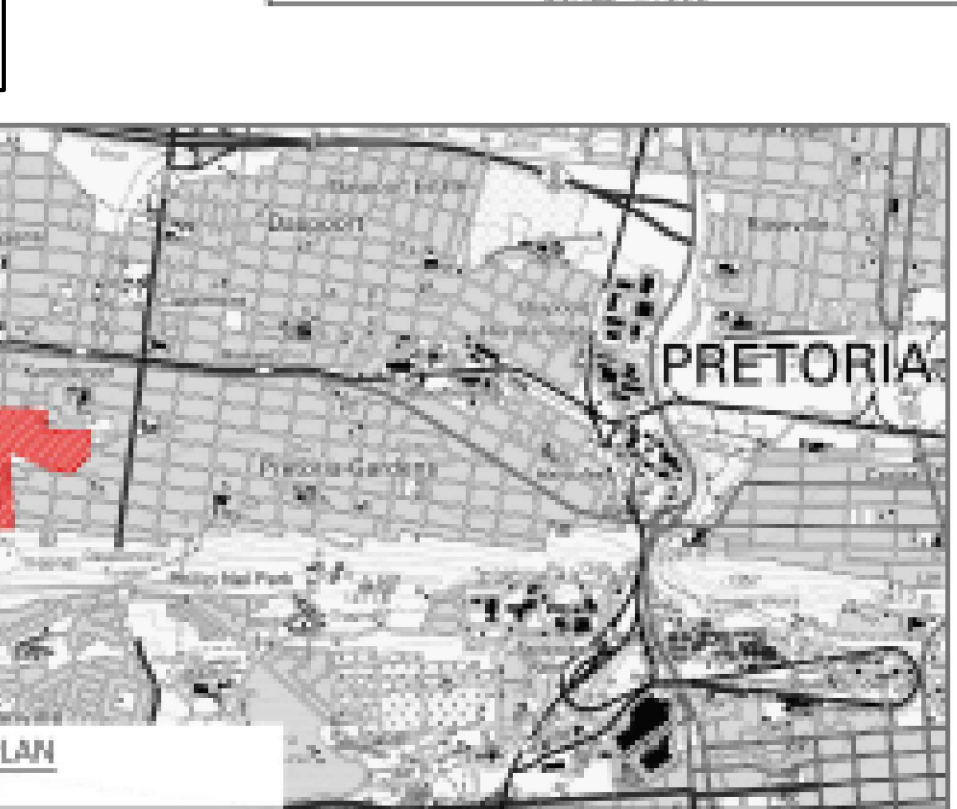
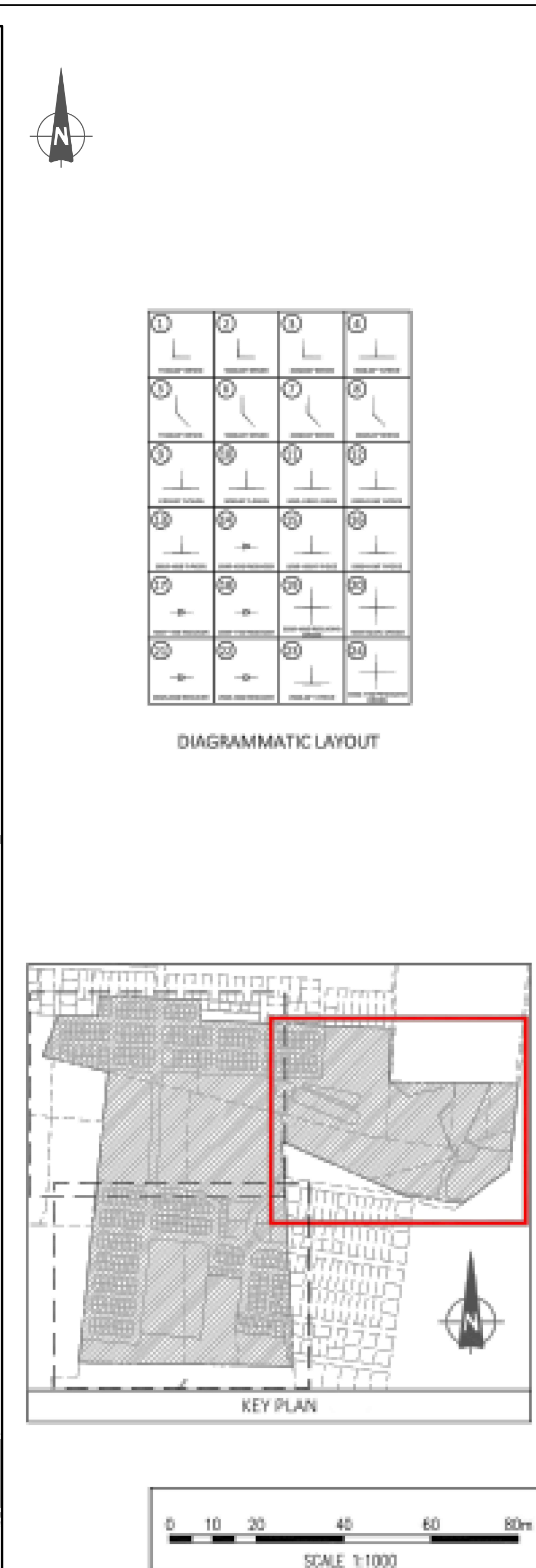
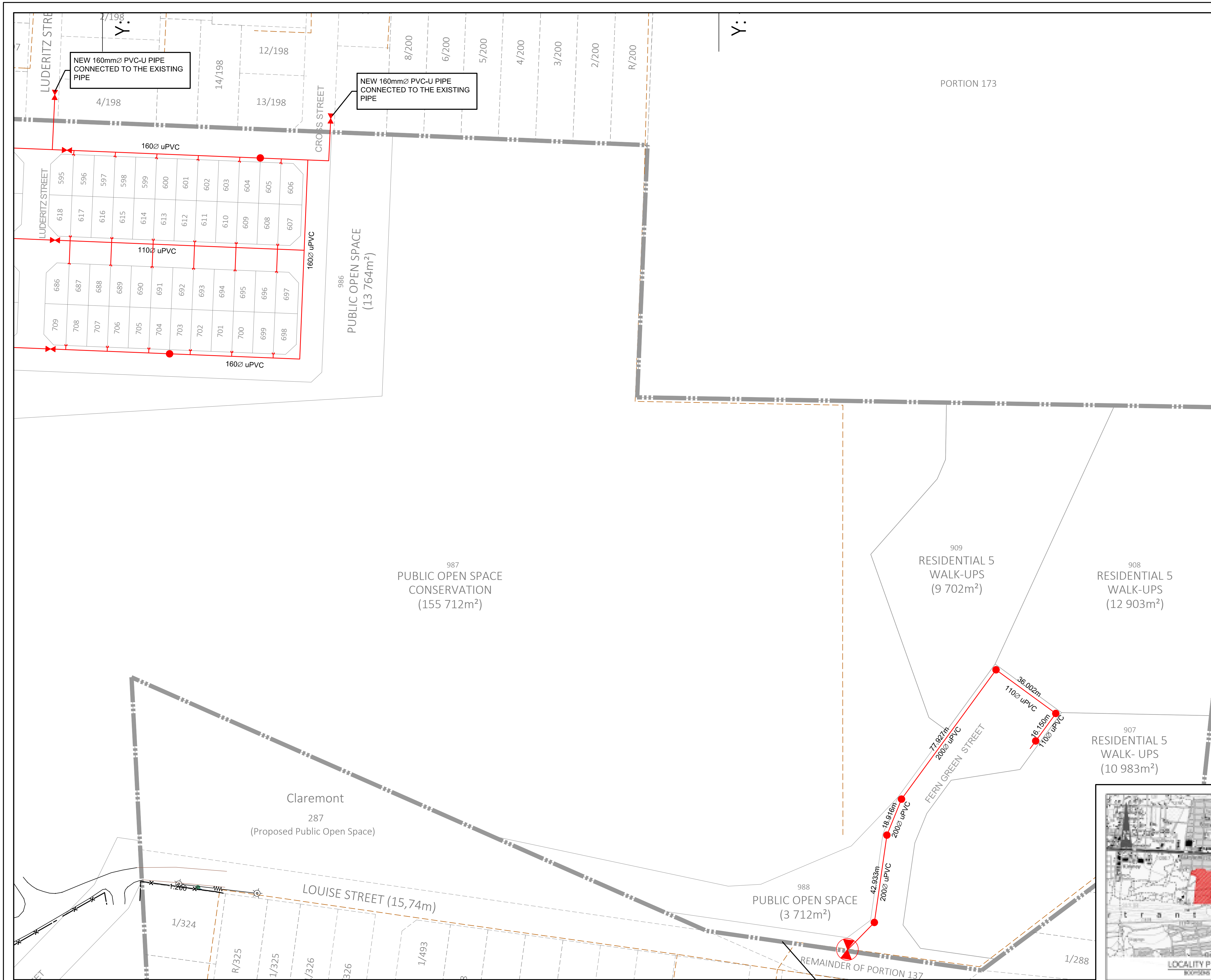
CONSULTANT DRAWING NUMBER:
2017/SM/10/01-SRL-011

DESIGNED	NAME: Z.D RANTA	Dr Eng.	Prof Reg No: 201170066
SIGNATURE:		DATE:	
DRAWN	NAME: K. MOLEMA	Dr Eng.	Prof Reg No: 201170066
SIGNATURE:		DATE:	
CHECKED	NAME: Z.D RANTA	Dr Eng.	Prof Reg No: 201170066
SIGNATURE:		DATE:	
INFORMATION OFFICE CHECKED	NAME:	Dr Eng.	Prof Reg No:
SIGNATURE:		DATE:	
DESIGN OFFICE APPROVAL	NAME: Z.D RANTA	Dr Eng.	Prof Reg No: 201170066
SIGNATURE:		DATE:	

CONTRACT No:	
PROJECT No:	
SHEET No:	2543IES-105
PAPER SIZE:	A1
SCALE:	AS SHOWN
DATE:	2025-06-10

PROJECT STATUS			
RELEVANT SIGNATURES APPLICABLE			
CONCEPT DRAWING		TENDER DRAWING	
APPROVED CONSTRUCTION DRAWING		AS BUILT DRAWING	
PROJECT ENGINEER of COT:			
NAME:		Dr Eng.	Prof Reg No:
SIGNATURE:		DATE:	
INSPECTOR OF WORKS of COT:			
NAME:		Dr Eng.	Prof Reg No:
SIGNATURE:		DATE:	

LOCATION OF PROJECT:		BOOYSENS	
DESCRIPTION OF PROJECT:		BOOYSENS EXT 4 WATER RETICULATION LAYOUT - NORTH	
WBS No.:			
COT DRAWING NUMBER:			



NOTES AND SPECIFICATIONS	
GENERAL	
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7.	THIS DRAWING MUST BE READ IN CONJUNCTION WITH THE STANDARD SPECIFICATIONS FOR MUNICIPAL CIVIL ENGINEERING WORKS, SERIES 4
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LEGEND	
WATER	
	NEW HYDRANT
	PROPOSED / NEW PIPE
	NEW VALVE
	NEW VALVE ON EXISTING PIPE
	NEW HYDRANT ON EXISTING PIPE
	NEW END CAP
	NEW FRY
	NEW AIR VALVE
	NEW WOODER METER
	EXISTING PIPE CAPPED
	EXISTING END CAP
	EXISTING NETWORK PIPE
	EXISTING BULK PIPING
	EXISTING HYDRANT
	NODE NUMBER
	CLOSED VALVE
	EXISTING VALVE
	EXISTING COMMUNICATION PIPES
	EXISTING AIRVALVE
	EXISTING WATER METER
	EXISTING FRY
	EXISTING PUMP
	PIPE TO BE ABANDONED
	RESIDUANT PIPE
	EXISTING RES DISTRIBUTION ZONE
	PROPOSED RES DISTRIBUTION ZONE
	EXISTING BOUNDARY WATER PIPE
	SUBURB BOUNDARY
	SASOL GAS LINE
	PETROLNET PIPE
	NEW PIPE IN NEW SLEEVE
	BURIED 0 TO 3m CLASS

N.B: ALL NEW WATER PIPELINES ARE PVC-U PIPES CLASS 12 AND RSV VALVES CLASS 16

 CITY OF TSHWANE SERVICES INFRASTRUCTURE DEPARTMENT WATER AND SANITATION DIVISION	AMENDMENTS			WATER AND SANITATION			CONSULTANT DETAIL			DESIGNED			CONTRACT			PROJECT STATUS			LOCATION OF PROJECT:		
	NR	DATE	APPROVED	DESCRIPTION	PAR	DIRECTOR: WATER AND SANITATION - PLANNING	DPT CIVIL AND STRUCTURAL IV POSTNET SUITE 453 SINOVILLE CONER PRIVATE BAG X504 SINOVILLE 0129 TEL: 012 567 7381 FAX: 012 567 1996 E-MAIL: info@ditshimega.co.za	NAME: <u>Z.D RANTA</u> Br Eng. Prof Reg No: <u>2011700066</u>	NAME: <u>K. MOLEMA</u> Br Eng. Prof Reg No: _____	NAME: <u>Z.D RANTA</u> Br Eng. Prof Reg No: <u>2011700066</u>	NAME: _____ Br Eng. Prof Reg No: _____	NAME: _____ Br Eng. Prof Reg No: _____	NAME: _____ Br Eng. Prof Reg No: _____	NAME: _____ Br Eng. Prof Reg No: _____	NAME: _____ Br Eng. Prof Reg No: _____	NAME: _____ Br Eng. Prof Reg No: _____	NAME: _____ Br Eng. Prof Reg No: _____	NAME: _____ Br Eng. Prof Reg No: _____	BOOYSENS		
	1	01-12-2025	Z.D RANTA	CONSTRUCTION DRAWINGS		DIRECTOR: SYSTEM DEVELOPMENT	NAME: _____ Prof. Reg. No. _____ SIGNATURE: _____ DATE: _____	SIGNATURE: _____ DATE: _____	SIGNATURE: _____ DATE: _____	SIGNATURE: _____ DATE: _____	SIGNATURE: _____ DATE: _____	SIGNATURE: _____ DATE: _____	SIGNATURE: _____ DATE: _____	SIGNATURE: _____ DATE: _____	SIGNATURE: _____ DATE: _____	SIGNATURE: _____ DATE: _____	SIGNATURE: _____ DATE: _____	SIGNATURE: _____ DATE: _____	BOOYSENS EXT 4 WATER RETICULATION LAYOUT - EAST		
						DIRECTOR: BULK WATER	NAME: _____ Prof. Reg. No. _____ SIGNATURE: _____ DATE: _____	NAME: _____ Prof. Reg. No. _____ SIGNATURE: _____ DATE: _____	NAME: _____ Prof. Reg. No. _____ SIGNATURE: _____ DATE: _____	NAME: _____ Prof. Reg. No. _____ SIGNATURE: _____ DATE: _____	NAME: _____ Prof. Reg. No. _____ SIGNATURE: _____ DATE: _____	NAME: _____ Prof. Reg. No. _____ SIGNATURE: _____ DATE: _____	NAME: _____ Prof. Reg. No. _____ SIGNATURE: _____ DATE: _____	NAME: _____ Prof. Reg. No. _____ SIGNATURE: _____ DATE: _____	NAME: _____ Prof. Reg. No. _____ SIGNATURE: _____ DATE: _____	NAME: _____ Prof. Reg. No. _____ SIGNATURE: _____ DATE: _____	NAME: _____ Prof. Reg. No. _____ SIGNATURE: _____ DATE: _____	NAME: _____ Prof. Reg. No. _____ SIGNATURE: _____ DATE: _____	WBS No. : _____		
						DIRECTOR: INFRASTRUCTURE PROVISION	NAME: _____ Prof. Reg. No. _____ SIGNATURE: _____ DATE: _____	NAME: _____ Prof. Reg. No. _____ SIGNATURE: _____ DATE: _____	NAME: _____ Prof. Reg. No. _____ SIGNATURE: _____ DATE: _____	NAME: _____ Prof. Reg. No. _____ SIGNATURE: _____ DATE: _____	NAME: _____ Prof. Reg. No. _____ SIGNATURE: _____ DATE: _____	NAME: _____ Prof. Reg. No. _____ SIGNATURE: _____ DATE: _____	NAME: _____ Prof. Reg. No. _____ SIGNATURE: _____ DATE: _____	NAME: _____ Prof. Reg. No. _____ SIGNATURE: _____ DATE: _____	NAME: _____ Prof. Reg. No. _____ SIGNATURE: _____ DATE: _____	NAME: _____ Prof. Reg. No. _____ SIGNATURE: _____ DATE: _____	NAME: _____ Prof. Reg. No. _____ SIGNATURE: _____ DATE: _____	NAME: _____ Prof. Reg. No. _____ SIGNATURE: _____ DATE: _____	COT DRAWING NUMBER: _____		
						DIRECTOR: WASTE WATER TREATMENT	NAME: _____ Prof. Reg. No. _____ SIGNATURE: _____ DATE: _____	NAME: _____ Prof. Reg. No. _____ SIGNATURE: _____ DATE: _____	NAME: _____ Prof. Reg. No. _____ SIGNATURE: _____ DATE: _____	NAME: _____ Prof. Reg. No. _____ SIGNATURE: _____ DATE: _____	NAME: _____ Prof. Reg. No. _____ SIGNATURE: _____ DATE: _____	NAME: _____ Prof. Reg. No. _____ SIGNATURE: _____ DATE: _____	NAME: _____ Prof. Reg. No. _____ SIGNATURE: _____ DATE: _____	NAME: _____ Prof. Reg. No. _____ SIGNATURE: _____ DATE: _____	NAME: _____ Prof. Reg. No. _____ SIGNATURE: _____ DATE: _____	NAME: _____ Prof. Reg. No. _____ SIGNATURE: _____ DATE: _____	NAME: _____ Prof. Reg. No. _____ SIGNATURE: _____ DATE: _____	NAME: _____ Prof. Reg. No. _____ SIGNATURE: _____ DATE: _____			