
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*	Nova Life Space Pvt. Ltd.,
Address*	No.309, Bay City Centre, 2 nd Floor, P.H.Road, Kilpauk, Chennai.
Mobile No*	7299930070
Telephone No	044-3000 3234
FAX Number	-
E Mail	liaison@novalifespace.in
State*	Tamilnadu
Pin code*	600010

Copy of the Registration Certificate*	U45206TN2012PTC085828
Name and Photograph and address of Chairman or the Governing Body / Partner / Director etc.,*	Mr. Subash D Mrs. Savithri R Mr. Vijayakumar S
Main objects*	

Previous Project Details (Last 5 Years only)

Project Name*	Nova Altima
Current Status	Complication No (EC/C-1/2971/2017 Dated-17/04/2017)
Category of Building	S+4
Is there any Case Pending	No
Address	

Project Description (Max 500 Characters)	
State	Tamilnadu
District*	Tiruvallur
Pincode	600122