

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*	DRA AADITHYA CHENNAI HOMES LLP
Address*	NO. 480, 1 ST FLOOR, KHIVRAJ COMPLEX-II, ANNA SALAI, NANDANAM, CHENNAI-600 035
Mobile No*	98842 29091
Telephone No	044 – 4560 7800
FAX Number	044 – 2434 1686
E Mail	admin.chennai @drahomes.in
State*	TAMIL NADU
Pin code*	600 035

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

For DRA AADITHYA CHENNAI HOMES LLP

 Designated Partner

Previous Project Details. (Last 5 Years only)

Project Name*	NA
Current Status	
Category of Building	
Is there any Case Pending	
Address	

Project Description (Max 500 Characters)	
State	
District*	
Pincode	