## GOVERNMENT OF NATIONAL CAPITAL TERRITORY OF DELHI HEADQUARTERS: DELHI FIRE SERVICE, CONNAUGHT PLACE NEW DELHI- 110001

Ph - 23414333 Fax - 23412593 Email - cfohq.dlfire@nic.in

NO. F6/0F5/M5/ Cinema / 2013/ ND2/492

DATED: 27/06/13

### **FIRE SAFETY CERTIFICATE**

Certified that the Fun Cinema (Total no. 04 Auditorium, Audi-I, Audi-II, Audi-III, Audi-IV), Cross River Mall, Shahdara, Delhi-32, owned/occupied by Fun Multiplex (P) Ltd was granted NOC vide letter no. No.F.6/DFS/MS/Cinema/2012/2153 dated 19.06.12. The Cinema building was inspected by the officers concerned of this department on dated 12.06.13 in the presence of joint inspection team along with Mr. Kaushik Dev (Manager) and found that the Cinema building have deemed complied with the fire prevention and fire safety requirements in accordance with the Rule 36 unless renewed under Rule 37 or sooner cancelled under Rule 40 and that the building is fit for occupancy Group D "Assembly Building" with effect from 2.7/10.6/1.3.... for a period of three years, subject to conditions printed overleaf.

Issued on 27/56//3 at New Delhi by

(Dr. G.C. Misra) Chief Fire Officer Delhi Fire Service

Olopy V

To,

Sh. Kaushik Dev (Manager)

Fun Cinema, Cross River Mall, Shahdara, Delhi-32

Copy to:-

The Addl. Commissioner of Police (Lic.),

First Floor, Police Station,

In refrence letter no.19828-35 Addl.CP/Lic. Cinema

Defence Colony, New Delhi.

Dated 01.05.13

#### - Conditions -

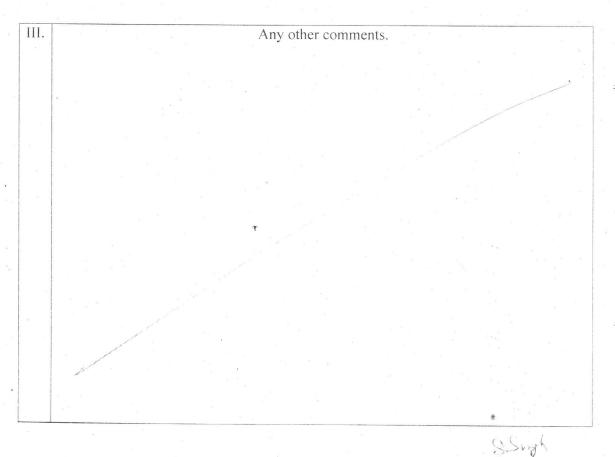
- 1. All the means of escape shall be kept free of all type of obstruction all the time.
- 2. All the employees shall be acquainted with the use and maintenance of all fire equipments and method of smooth and speedy safe evacuation of occupants in case of emergency.
- All the fire fighting equipments shall be maintained in perfect working condition all the time and any lapse rendering non-functional of fire safety measures, management shall be responsible.
- 4. The clarification with regards electrical installation, ventilation, structure stability set back areas, occupancy and constructional deviation in building etc .may be got verified from the authorities concerned.
- 5. This certificate cannot be treated in any case for regularizations of unauthorized construction unauthorized use of land if any.
- 6. The owner / occupier shall submit a declaration every year in form 'K' provided in the first schedule of Delhi Fire Service Rule 2010. The form is available on <a href="www.dfs.delhigovt.nic.in">www.dfs.delhigovt.nic.in</a>

# Form No.F-CN-06/01

# FIRE SAFETY INSPECTION REPORT 1.

Sl.	APPLIANCES	AVAILABILITY	CONDITION	
No.				
a.	Overhead/ Underground tank	25000 ht	filled.	
b.	No. of Hydrants	Two in each	Functional	
C.	No. of Hose Reels	Thrown Ecch	Furctiona	
d.	Number of Fire buckets of sand & water:	Fons in each	Pined with	
	<ol> <li>Main Hall</li> <li>Balcony</li> </ol>	aurtr.	Sand a heater	
	<ul><li>3) Box</li><li>4) Projector Room</li></ul>	Fons Wo	0 1<	
	<ul><li>5) Elect. Sub-Station</li><li>6) Rectifier Room</li><li>7) AC Plant Room</li></ul>	2 120	0.K.	
	8) Any others			
e	Number of portable fire extinguishers  1) Main Hall 2) Balcony	Stair each	Ennoteorest	
	<ul><li>3) Box</li><li>4) Projector Room</li></ul>	four Ho	-do-	
	<ul><li>5) Elect. Sub-Station</li><li>6) Rectifier Room</li></ul>	Four Ho	-do-	
	7) AC Plant Room 8) Any others	Four No	- Co	
f.	Number of fire extinguishers for Projector Room.	Five no	Princeponal	
g.	No. of Lightening conductors	6 no	Functional	
Translate screens	Fire clause quotau			
h.	Fire alarm system	Provided	Functional	
i.	Sprinkler system			
j.	Escape and exit routes: PRSENT	REQUIREMENT	ANY SUGGESTION/	
	Sufficient Ho of		SHORTCOMINGS	
	Ponte			
*		N. Carlotte		

II.	Name of trained staff of cinema hall in handling fire safety equipments		Level of Training		
a.	a 2 %	Mn.	Kausik		012066
b		100	Vivai		Basic
C.		* 8	Teybir	9 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	B9260
d.		A			



Signature

Name and designation of the Inspection Officer Suresh Singh ADO Telephone Number (Office)\_ (Mobile) 9911151733

Defects/Shortcomings noted for compliance

Signature & Name of Licensee/Manager (Telephone No.