

GOVERNMENT OF NATIONAL CAPITAL TERRITORY OF DELHI
HEADQUARTERS: DELHI FIRE SERVICE: NEW DELHI - 110 001

Dated: 06/05/2024

No. F.6/DFS/MS/Hospital/2024/SZ/ 278

FIRE SAFETY CERTIFICATE

Certified that the **Madhukar Multispecialty Hospital and Research Center** situated at Plot No.5, FC-29, Geetanjali, Near Malviya Nagar Metro Station, Gate No.1, New Delhi-110017 comprised of **Two tier Basement, Ground + 05 upper floors** has issued FSC by this department vide letter No. F.6/DFS/MS/Hospital/2020/SZ/443 dated 03/11/2020. The Hospital was re-inspected by the officers concerned of this department on 24/04/2024 in the presence of Mr. Rajni Sharma & found to have deemed complied with the fire prevention and fire safety requirements in accordance with rule 33 of the Delhi Fire Service Rules, 2010 and that the building is fit for occupancy **Group C "Institutional (Hospital)"** with effect 06/05/2024 for a period of **three years** in accordance with rule 36 unless renewed under rule 37 or sooner cancelled under Rule 40 and subject to compliance of the conditions under rule-38 of the Delhi Fire Service Rules, 2010.

Issued on 06/05/2024 at New Delhi by

(ATUL GARG)
DIRECTOR
DELHI FIRE SERVICE

Copy to:-

1. Ms. Rajni Sharma, Madhukar Multispecialty Hospital and Research Center, Plot No.5, FC-29, Geetanjali, Near Malviya Nagar Metro Station, Gate No.1, New Delhi-110017.
2. The Executive Engg. (Bldg.), South Delhi Municipal Corporation, 8th Floor, Civic Center, Minto Road, New Delhi.

Conditions for the validity of Fire Safety Certificate:-

1. All the means of escape/entry/exit shall be kept free from any obstruction.
2. All the fire safety arrangements provided therein shall be maintained in good working condition at all time as seen during inspection. Any loss of life or property due to non-functional fire safety measures shall be at the responsibility of the management.
3. All the staff members must know the correct method of operation of firefighting system.
4. The basement shall be used as per the provisions of UBBL-2016 /NBC Part- IV.
5. The owner/ occupier shall submit a declaration every year in Form 'K' provided in the first schedule of Delhi Fire Service Rules 2010. The form is available on www.dfs.delhigovt.nic.in.
6. This fire safety certificate may not in any way be treated as regularization of unauthorized construction, if any.
7. "The owner/occupier shall apply for renewal of this Fire Safety Certificate to the Director in Form 'J' [sub rule (1) of rule 37] along with a copy of this Certificate, six months prior to its expiry."
8. **Temporary structure at terrace level which was build during Covid pandemic out break shall be dismantled and Pressurization system of staircases & lift lobby shall be made functional on or before six month from the date of issuance of this letter, unless otherwise this FSC may be treated as null and void.**

INSPECTION REPORT

| | | | | |
|----|---|--|---|--|
| 1 | Name & Address of the Building | M/s Madhukar Multispecialty Hospital and Research Center, Plot No.5, FC-29, Geetanjali, Near Malviya Nagar Metro Station, Gate No.1, New Delhi-110017. | | |
| 2 | Type of Occupancy | Institutional Building, "Group-C" (Hospital) | | |
| 3 | Building Comprised of | Two tier Basement, Ground + 05 upper floors. | | |
| 4 | Type of Case | Renewal | | |
| 5 | Details of Previous NOC | F.6/DFS/MS/Hospital/2020/SZ/443 dated 03/11/2020 | | |
| 6 | Fire Safety Directives Letter No | F.6/DFS/MS/BP/Hospital/639 dated 05/03/2010 | | |
| 7 | Date of Inspection | 24/04/2024 | | |
| 8 | Name of the Inspecting Officers | DO (South) & ADO (BCP) | | |
| 9 | Name & Designation of Officers from the building side | Mr. Rajni Sharma | | |
| 10 | Year of construction | 2015 | 2 Tier Basement (Parking, Storage & Services) + GF(OPD) + 1 st , 2 nd , 3 rd & 5 th Floor (Patient Rooms) + 4 th Floor (Offices, Canteen & Patient Room) | |
| 11 | Applicant letter No. | Outdoor diary No 13860 dated 05/03/2024 & letter dated 22/04/2024 | | |

| S. No. | Minimum standards on Fire Prevention and Fire Safety U/R 33 | UBBL/NBC requirement | Provided at Site | Remarks MR/NMR |
|--------|---|--|--------------------|----------------|
| 1 | Access to Building. | | | |
| | • Road width | 12m | Provided | MR |
| | • Gate width | 5m | 2 x 5m | MR |
| | • Width of internal road | 6m | Provided | MR |
| 2 | Number, width, type & arrangement of exits. | | | |
| | a) Number of Staircase | | | |
| | ➤ Upper floors. | 03 Nos. | 03 Nos. | MR |
| | ➤ Basement floor. | 03 Nos. | 03 Nos. | MR |
| | b) Width of Staircase | | | |
| | ➤ Upper floors | 02 mtr | 2m, 2m & 1.85m | MR |
| | ➤ Basement floor | 1.5 m | 2m, 1.96m & 1.85m | MR |
| | c) Protection of exits | | | |
| | ➤ Fire check door | Required | Provided | MR |
| | ➤ Pressurization | Required | Partially Provided | MR (old case) |
| | d) No. of continuous staircase to terrace | 03 Nos. | 03 Nos. | MR |
| | e) Width of corridor | 2.4m & 1.5m | Provided | MR |
| | f) Door size | 2m & 1.25m | 2m & 1.25m | MR |
| 3 | Compartmentation. | | | |
| | • Fire check door. | Required | Provided | MR |
| | • Sealing of electrical shafts. | Required | Provided | MR |
| | • Fire rating of shaft door. | Required | Provided | MR |
| | • Water curtain | -NA- | -NA- | -NA- |
| | • Fire dampers. | Required | Provided | MR |
| 4 | Smoke Management system. | | | |
| | • Basement | 30 ACPH | Provided | MR |
| | • Upper floors | 12 ACPH | Provided | MR |
| 5 | Fire Extinguishers. | | | |
| | • Total numbers | 60 Nos. | 75 Nos. | MR |
| | • Types | ABC/CO ₂ /W.CO ₂ | 30/30/15 Nos. | MR |
| | • ISI Marking | ISI marked | Provided | MR |
| 6 | First Aid Hose Reels. | | | |
| | • Total numbers on each floor. | 02 Nos. | Provided | MR |

| | | | | |
|-----|---|-------------------|--------------------|---------------|
| | <ul style="list-style-type: none"> Length of hose-reel hose. Nozzle Diameter | 30m | Provided | MR |
| | | 5mm | Provided | MR |
| 7. | Automatic fire detection & alarming system. | | | MR |
| | <ul style="list-style-type: none"> Type of detectors Location of Main Panel Location of Repeater Panel Alternate source of power Hoofers location | Smoke & Heat | Provided | MR |
| | | Required | Ground Floor | MR |
| | | -NA- | -NA- | -NA- |
| | | Required | Provided | MR |
| | | Required | All Floors | MR |
| 8. | MOEFA | Required | Provided | MR |
| 9. | Public Address System | Required | Provided | MR |
| 10. | Automatic Sprinkler System | | | |
| | <ul style="list-style-type: none"> Basement Upper floors. Sprinkler above false ceiling | Required | Provided | MR |
| | | Required | Provided | MR |
| | | Required | Provided | MR |
| 11. | Internal Hydrants. | | | |
| | <ul style="list-style-type: none"> Size of Riser/Down-comer Number of Hydrant per floor Hose box. | 100mm | Provided | MR |
| | | Two | Provided | MR |
| | | Two | Provided | MR |
| 12. | Yard Hydrants. | | | |
| | <ul style="list-style-type: none"> Total number of hydrants. Hose box. | Required | 05 Nos. | MR |
| | | Required | 06 Nos. | MR |
| 13. | Pumping arrangements. | | | |
| | <ul style="list-style-type: none"> Ground Level <ul style="list-style-type: none"> Discharge of main pump. Head of main pump. Number of main pumps. Jockey Pump output. Jockey Pump head. Standby Pump output. Standby Pump head. Auto Starting/Manual Stopping. Pump house access. Terrace Level <ul style="list-style-type: none"> Discharge of pump. Head of pump. Power supply. Auto starting of pump. | 2850 LPM | 2850 LPM | MR |
| | | 80m | 80m | MR |
| | | 2 Nos. | 2 Nos. | MR |
| | | 2 Nos. of 180 LPM | 2 Nos. of 180 LPM | MR |
| | | 80m | 80m | MR |
| | | 2850 LPM | 2850 LPM | MR |
| | | 80m | 80m | MR |
| | | Required | Provided | MR |
| | | Required | Provided | MR |
| | | 900 LPM | Provided | MR |
| | | 40m | Provided | MR |
| | | Required | Provided | MR |
| | | Required | Provided | MR |
| 14. | Captive water storage for fire fighting. | | | |
| | <ul style="list-style-type: none"> Underground tank capacity. <ul style="list-style-type: none"> Draw-off connection. Fire Service Inlet. Access to tank. Overhead tank capacity. | 2,00,000 Ltrs | Provided | MR |
| | | Required | Provided | MR |
| | | Required | Provided | MR |
| | | Required | Provided | MR |
| | | 20,000 Ltr | Provided | MR |
| 15. | Exit Signage. | Required | Provided | MR |
| 16. | Provision of Lifts. | | | |
| | <ul style="list-style-type: none"> Pressurization of lift shaft. Pressurization of lift lobby. Communication in lift car. Fireman's switch. Lift signage. | Required | Provided | MR |
| | | Required | Partially Provided | MR (old case) |
| | | Required | Provided | MR |
| | | Required | Provided | MR |
| | | Required | Provided | MR |
| 17. | Standby Power Supply | Required | Provided | MR |
| 18. | Refuge Area | | | |
| | <ul style="list-style-type: none"> Total area | Required | Provided | MR |

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| | Location | Required | Provided | MR |
|-----|---|------------------------------|----------|----|
| 19. | Fire Control Room. | | | |
| | • Detector system panel. | Required | Provided | MR |
| | • Flow switch panel. | Required | Provided | MR |
| | • PA system panel. | Required | Provided | MR |
| | • Battery backup. | Required | Provided | MR |
| | • Building floor plan. | Required | Provided | MR |
| 20. | Special Fire Protection System for the Protection of special Risk, if any. | Automatic suppression system | Provided | MR |

The Fire protection systems provided in the building were test checked at random and found functional at the time of inspection except Temporary structure at terrace level which was build during Covid pandemic out break shall be dismantled and Pressurization system of staircases & lift lobby shall be made functional on or before Six Month from the date of issuance of this letter as per request letter dated 09/04/2024 by the authorized signatory of the Hospital.

Keeping in view the deemed compliance of the minimum standards on fire prevention and fire safety measures as required under the rules, the Fire Safety Certificate issued vide letter No. F.6/DFS/MS/Hospital/2020/SZ/443 dated 03/11/2020, renewal under rule 37 of the Delhi Fire Service Rules, 2010 is recommended.

Accordingly DFA is put up for approval and signature please.

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Signature of the Inspection Officer
Name: Sh. Manoj Kumar Sharma
Design: DO (South)

Sh. Rajesh Kumar
Signature of the Inspecting Officer
Name: Sh. Rajesh Kumar
Design: ADO (BCP)

CFO (HO)

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25/05/2024

Director
anyam

anyam
20/05/24

Sharma
1/05/24

As approved, F-1. letter is sent for your signature pl

Director
2/5/24
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01/05/2024