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**GOVERNMENT OF NATIONAL CAPITAL TERRITORY OF DELHI**
**HEADQUARTERS: DELHI FIRE SERVICE: NEW DELHI- 110001**

आज़ादी का अमृत महोत्सव

No. F6/DFS/MS/Hospital/SZ/2026/179 Dated: 12/08/2026

## FIRE SAFETY CERTIFICATE (FSC)

Certified that the M/s Nurses Hostel/ Admin. & Diagnostic Block of Shri Moolchand Khairati Ram Hospital, Lajpat Nagar- III, New Delhi- 110024, building comprised of Ground + 07 upper floors & was granted Fire Safety Certificate (FSC) by this department vide letter no. F6/DFS/MS/Hospital/2020/SZ/442 dated: 03/11/2020 Nurses Hostel (Residential occupancy). The building was re-inspected by officer concerned of this department on 24/07/2026 in the presence of Sh. Bhishan Singh, Fire officer and it was observed that now the building is being used as Residential + Business occupancy and found that the said building has deemed complied with the fire prevention and fire safety requirements in accordance with Rule 33 of Delhi Fire Service Rules, 2010.Accordingly, the premises/building is fit for "Mixed Occupancy –Residential + Business building" with effect from ..12/08/2026.... and valid upto three year from date of issue in accordance with Rule 36 unless renewed under Rule 37 or sooner cancelled under Rule 40 and subject to conditions under Rule 38 of Delhi Fire service Rules, 2010 printed below.

Issued on ....12/08/2026.....at New Delhi by

12/8/26

(A.K. Malik)
Chief Fire Office
Delhi Fire Service

Copy to:- e/c 12/8/26

1. The Commissioner, Municipal Corporation of Delhi, 9th floor, Civic Centre, Minto Road, New Delhi-110002.
2. The Owner/Occupier/Manager, M/s Business Building Block of Shri Moolchand Khairati Ram Hospital, Lajpat Nagar- III, New Delhi- 110024.

## Conditions for the validity of Fire Safety Certificate

1. All the fire safety arrangements provided therein shall be maintained in good working conditions at all times.
2. Any loss of life or property due to nonfunctional fire safety measures shall be at the responsibility of the management.
3. The trained fire fighting staff should be available round the clock.
4. Any deviation w.r.t. construction etc. shall be verified by the concerned building sanctioning authority.
5. This fire safety certificate may not be treated in any case for regularization of unauthorized construction, if any.
6. 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
7. The owner/occupier shall apply for renewal of this Fire Safety Certificate to the Director in form 'J' [sub rule (I) of rule 37] along with a copy of this Certificate, six month prior to its expiry".
8. Any change in the occupancy shall be intimated to this Deptt. and approval shall be obtained thereto before occupancy of the same.

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| INSPECTION REPORT | | | | | |
|---|---|---|---|---|---|
| 1 | Name & address of the building | | **M/s Nurses Hostel/ Admin & Diagnostic Block of Shri Moolchand Khairati Ram Hospital, Lajpat Nagar- III, New Delhi- 110024.** | | |
| 2 | Building is comprised of | | Ground + 07 upper floors | | |
| 3 | Type of occupancy | | Mixed Occupancy – Residential/Business building | | |
| 4 | Type of case | | Renewal/Change in occupancy from Residential to Mixed occupancy – Residential + Business | | |
| 5 | Details of previous FSC | | F.6/DFS/MS/2020/Hospital/SZ/442 dated 03/11/2020 | | |
| 6 | Fire safety direction letter no. | | F6/DFS/MS/Hospital/91/8 dated: 02/01/1991 | | |
| 7 | Date of inspection | | 24/07/2026 | | |
| 8 | Name of the inspecting officers | | Rajesh Kumar Shukla, ADO (Jangpura) | | |
| 9 | Name of the designation of officer from the building side | | Sh. Bhishan Singh, Fire Officer | | |
| 10 | Year of construction | | 1991-92 | | |
| 11 | Applicant's letter no. | | Online application No52026012200508. Outdoor diary no. 3475 dated: 08/07/2026. | | |
| **S.No** | **Minimum Standards on fire Prevention and fire safety requirements U/R 33** | | **Requirements:** Building parameters as per BBL 1983 Fire Protection Requirements as per NBC 2016. | **Provided at Site** | **Remarks MR/ NMR** |
| 1 | **Access To Building:** | | | | |
| | **A** | Road width | 6.0 mtrs | Provided | MR |
| | **B** | Gate width | 5.0 mtrs | Provided | MR |
| | **C** | Width of internal road | 06 mtr Approachable from two side | Provided | MR |
| 2 | **Number, Width, Type and Arrangement of Exits:** | | | | |
| | **A** | Number of staircases | | | |
| | a | Upper floor | 02 nos. | Provided | MR |
| | b | Basement | NA | NA | NA |
| | **B** | Width of staircases | | | |
| | a | Upper floor | Required | 1.35 m & 0.79 m | MR (old case) |
| | b | Basement | NA | NA | NA |
| | **C** | Protection of exits | | | |
| | a | Fire check door | Required | Provided | MR |
| | b | Pressurization | NA | Naturally ventilated | NA |
| | **D** | No. of continuous staircases to terrace | Required | 02 nos. | MR |
| | **E** | Width of corridor | NA | NA | NA |
| | **F** | Door size | NA | NA | NA |
| 3 | **Compartmentation:** | | | | |
| | **A** | Fire check door | NA | Provided | NA |
| | **B** | Sealing of electrical shafts | NA | NA | NA |
| | **C** | Fire rating of shaft door | NA | NA | NA |
| | **D** | Water curtain | NA | NA | NA |
| | **E** | Fire dampers | NA | NA | NA |
| 4 | **Smoke Management System:** | | | | |
| | **A** | Basement | NA | NA | NA |
| 5. | **Fire Extinguisher:** | | Required | Exhaust Fans | MR |
| | **A** | Total numbers | 16nos. | 16 nos. | MR |
| | **B** | Types | ABC &$CO_2$ | ABC&$CO_2$, | MR |
| | **C** | ISI marking | ISI marked | Provided | MR |
| 6 | **First-Aid-Hose Reels:** | | | | |
| | **A** | Total numbers of each floor | 01 no. | Provided | MR |
| | **B** | Length of hose reel hose | 30 m | 30 m | MR |
| | **C** | Nozzle diameter | 5 mm | 5 mm | MR |

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|---|---|---|---|---|---|
| **7** | **Automatic Fire Detection and Alarming System.** | | | | |
| | **A** | Type of detectors | Required | Provided | MR |
| | **B** | Location of main panel | Ground Floor | Provided | MR |
| | **C** | Location of repeater panel | NA | NA | NA |
| | **D** | Alternate source of power | Required | Provided | MR |
| | **E** | Hooters | Required | Provided | NA |
| **8** | **MOEFA:** | | Required | Required | MR |
| **9** | **Public Address System:** | | Required | Required | MR |
| **10** | **Automatic Sprinkler System:** | | | | |
| | **A** | Basement | NA | NA | NA |
| | **B** | Upper floors | Required | Provided | MR |
| | **C** | Sprinkler above false ceiling | NA | NA | NA |
| **11** | **Internal Hydrants:** | | | | |
| | **A** | size of riser/**down-comer** | 100 mm | 100 mm | MR |
| | **B** | Number of hydrants per floor | 01 no. | 01 no. | MR |
| | **C** | Hose box | 01 no. | 01 no. | MR |
| **12** | **Yard Hydrants:** | | | | |
| | **A** | Total number of hydrants | Required | 02 nos. | MR |
| | **B** | Hose box | Required | 02 nos. | MR |
| **13** | **Pumping Arrangements:** | | | | |
| **A** | Ground level | | | | |
| | a) | Discharge of main pump | 2280 LPM | 2850 LPM | MR |
| | b) | Head of main pump | 70 m | 70 m | MR |
| | c) | Number of main pumps | 2 no. | 2 nos. | MR |
| | d) | Jockey pump out put | 180 LPM | 950 LPM | MR |
| | e) | Jockey pump head | 70 m | 70 m | MR |
| | f) | Standby pump out put | 2280 LPM | 2850 LPM | MR |
| | g) | Standby pump head | 70 m | 70 m | MR |
| | h) | Auto starting /manual stopping | Required | Provided | MR |
| | i) | Pump house access | Required | Provided | MR |
| **B** | Terrace level | | | | |
| | a) | Discharge of pump | NA | NA | NA |
| | b) | Head of the pump | NA | NA | NA |
| | c) | Power supply | NA | NA | NA |
| | d) | Auto starting of pump | NA | NA | NA |
| **14** | **Captive Water Storage for Fire Fighting:** | | | | |
| | **A** | Underground tank capacity | 1,50,000 ltrs. | 2,50,000 ltrs | MR |
| | **B** | Draw-off connection | Required | Provided | MR |
| | **C** | Fire service inlet | Required | Provided | MR |
| | **D** | Access to tank | Required | Provided | MR |
| | **E** | Overhead tank capacity | 20,000 Ltrs | 20,000 Ltrs. | MR |
| **15** | **Exit Signage:** | | Required | Provided | MR |
| **16** | **Provision of Lifts:** | | | | |
| | **A** | Pressurization of lift shaft | Required | Provided | MR |
| | **B** | Pressurization of lift lobby | NA (As per table 6, Note 1, NBC IV 2016) | Lift shaft Pressurized above 50 Pascals | NA |
| | **C** | Communication in lift car | Required | Provided | MR |
| | **D** | Firemen's grounding switch | Required | Provided | MR |
| | **E** | Lift signage | Required | Provided | MR |

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|---|---|---|---|---|---|
| **17** | **Standby Power Supply:** | | Required | Provided | MR |
| **18** | **Refuge Area:** | | | | |
| | **A** | Total area | NA | NA | NA |
| | **B** | Location | NA | NA | NA |
| **19** | **Fire Control Room:** | | | | |
| | **A** | Detector system panel | Required | Provided | MR |
| | **B** | Flow switch panel | NA | NA | NA |
| | **C** | PA system panel | Required | Provided | MR |
| | **D** | Battery backup | Required | Provided | MR |
| | **E** | Building floor plans | Required | Provided | MR |
| **20** | **Special Fire Protection Systems for Protection of Special Risks, If Any:** | | | NA | NA |

**LEGENDS:-Meeting Requirement (MR), Not Meeting Requirement (NMR), Not Applicable (NA), Provided but Not Functional (PNF), Not Provided (NP).**

Note: This department has issued and subsequently renewed the FSC to this building vide letter no. F.6/DFS/MS/Hospital/2020/SZ/442 dated 03/11/2020 for Nurses Hostel which is a Residential Occupancy. On the reference of the Local Building Sanctioning Authority this Department cleared the revised Layout Plan of the entire Hospital campus vide letter no. F.6/DFS/MS/LOP/2015/335 dated 31.12.2015 (available in the part file) wherein this block has been shown as an existing Building in the name of Nurses/ Staff accommodation & Administration Block. The management has also submitted a copy of clarification letter bearing No. TP/G/MCD/2026/2835 dated 14/07/2026 (copy placed on file at C/123) from the Chief Town planner addressed to the Trustee, Moolchand Hospital clarifying the use of the Building as "Nurses Hostel/ Admin & Diagnostic Block" which may be deemed as a mixed Occupancy – Residential + Business. As per this letter the standing committee has approved the revised layout plan of the entire Hospital as per completion plan CC file no. 56/CC/B/CZ/12 dated 14/12/2012. The same stands in line with the Layout plan approved by this department as per the pre mentioned letter dated 31.12.2015.The building was observed to be used as per the clarification of the Chief Town Planner at the time of this inspection and the means of escape in the building seemed unaffected by the change.

Business Occupancy being the major occupancy and higher hazard in the building, the present day Fire Protection Requirements shall be applicable as per NBC-2016 which has been complied by the building management.

The fire protection systems provided in the building were tested, checked at random and found functional at the time of inspections.

If agreed to the note above & in view of the deemed compliance of minimum standards of fire prevention and fire safety measures as required under the Rules, the FSC is recommended to be renewed having Mixed Occupancy (Residential + Business) under Rule 37 of the Delhi Fire Service Rules 2010.

27/7/26

Signature of the Inspecting Officer
Name Rajesh Kumar Shukla
Designation ADO (Jangpura)

DO (South East)

28/7/26

31/8/26

A.K. MALIK

CFO to

CFO

7/8/26

A.K. MALIK

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