

**Govt. of NCT of Delhi**  
**Directorate of Health Services**  
**Swasthya Sewa Nideshalaya Bhawan**  
**F-17, Karkardooma, Delhi-110 032**

**Public Notice**

Govt. of NCT of Delhi has decided to index all health care institutions located in Delhi namely Hospitals, Dispensaries, Nursing Homes, Clinics, Diagnostic Centres, Laboratories, Blood Banks, MTP Centres, Dental Hospital/Clinics, RMPs, Gyms, Beauty Parlors and Massage Centres or by whatever name they are known however, involved with generation of biomedical waste with a view to obtain following mandatory information. All such institutions are required to submit the Information in the given format within one month of the Publication of this Public Notice. Application should reach to: **Director Health Services, Swasthya Sewa Nideshalaya Bhawan, F-17, Karkardooma, Delhi-110 032.** Those units which do not submit above information within the stipulated period of one month are liable to face penal action by Govt. of NCT of Delhi. Format can also be downloaded from our website: [health.delhigovt.nic.in](http://health.delhigovt.nic.in).

**(DR. JILIE DEVI)**  
**DIRECTOR HEALTH SERVICES**

**MANDATORY INFORMATION FORMAT:**

1. Date of Reporting:	
2. Date of Establishment:	
3. No. of Authorized Beds: Chairs incase of Parlors:	
4. District in which located:	
5. Type of institutions e.g. Hospital, Dispy, Clinic, Lab. etc. (Allopathic, naturopathic, alternative med etc)	
6. Name of the Institution:	
7. Complete Address:	
8. Name of the Occupier:	
9. Phone No.	
10. Mobile No.	
11. Email address:	
12. Govt. or Private	
13. If Govt., Name of controlling Authority( Delhi Govt. MCD, NDMC etc)	
14. If Private, whether Registered with DHS, Registration No.	
15. Whether authorization obtained from DPCC?,	
16. If yes, Authorization No. with date of validity	
17. Whether accreditation obtained? If yes, from which agency?	
18. Total Quantum of Biomedical waste generated daily? (Kg)	
19. Whether involved in National Health Programmes? Name...	
20. Major Services Provided	

**Signature of Authorized Person:**  
**Name & Telephone No.:**