

A FORTIS VISION

laFemme
HEALTHCARE FOR WOMEN AND CHILDREN

Fortis La Femme
S-549, Greater Kailash,
Part-II, New Delhi - 110048
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Emergency : +91 11 6464 6101
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R
30/6/17

Dated – 30th June 2017

TO,

The Environmental Engineer (B.M.W Cell),
Delhi Pollution Control Committee
Department of Environment (Govt. Of NCT Delhi),
4th Floor ISBT Building Kashmiri gate, Delhi – 110006.

(ENQUIRY COUNTER)
DELHI POLLUTION CONTROL COMMITTEE
DEPARTMENT OF ENVIRONMENT
GOVT. OF NCT OF DELHI
4TH FLOOR, ISBT BUILDING,
KASHMERE GATE, DELHI-110006

Subject: - Submission of Form IV (Annual Return for the Year 2016)

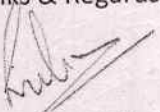
Dear Sir,

This is in reference to the above mentioned subject, we wish to bring to your kind notice about the Bio-Medical waste during procedures handling and transportation.

Please find the enclosed **FORM IV**.

This is for your information and records.

Thanks & Regards,



(Dr. Ruchir Mehra)


Director- Fortis La Femme



FORTIS HOSPITALS LIMITED

Regd. Office : Escorts Heart Institute and Research Centre, Okhla Road, New Delhi -110 025
Tel: +91 11 2682 5000, Fax: +91 11 4162 8435 CIN: U93000DL2009PLC222166

PAN No : AABCF3718N

 Fortis SPECIALITY Hospital

**Form -IV
(See rule 13)
Annual Report**

[To be submitted to the prescribed authority on or before 30th June every year for the period from January to December of the preceding year, by the Occupier of Health Care Facility (HCF) or common bio-medical waste treatment facility (CBWTF)]

Sl.No	Particulars		
1.	Particulars of the Occupier	:	FORTIS HOSPITAL LIMITED
	(i) Name of the authorized person (occupier or operator of facility)	:	Dr. RUCHIR MEHRA
	(ii) Name of HCF or CBMWTF	:	FORTIS LAFEMME
	(iii) Address for Correspondence	:	S-549 GREATER KAILASH -II, NEW DELHI-110048
	(i) Address of Facility		S-549 GREATER KAILASH -II, NEW DELHI-110048
	(ii) Tel. No. Fax. No.	:	Tel. No - 011-40579400, Fax- 011-41436103
	(V) E-mail ID	:	contactus.flf@fortislafemme.in
	(i) URL of Website	:	http://www.fortislafemme.in/delhi/
	(ii) GPS coordinates of HCF of CBMWTF		28.529018, 77.243843
	(iii) Ownership of HCF of CBMWTF		Private Limited
	(iv) Status of Authorization under the Bio-Medical Waste (Management and Handling) Rules.	:	Authorization No. BMW/DPCC/AUT/NEWNo/2016/01772/2881 Valid up to 26/10/2017
	(v) Status of Consents under Water Act and Air Act.	:	Valid up to: Not applicable. Being a small health care organization with a bed capacity of less than 50 beds we do not fall under this category
2.	Type of Health Care Facility	:	
	(i) Bedded Hospital	:	No. of Beds - 45
	(ii) Non-Bedded Hospital (Clinic or Blood Bank or Clinical Laboratory or Research Institute or Veterinary Hospital or any other)	:	NA
	(iii) License number and its date of expiry.	:	License no. DHS/NH/710 Expiry date: 31 st March 2020
3.	Details if CBMWTF	:	Biotic Waste Solutions Pvt. Ltd.
	(i) Number healthcare facilities covered by CBMWTF	:	To be submitted directly by the waste management company

	(ii) No. of beds covered by CBMWTF	:	To be submitted directly by the waste management company																																																
	(iii) Installed treatment and disposal capacity of CBMWTF	:	To be submitted by Biotic directly ___ Kg per day																																																
	(iv) Quantity of biomedical waste treated or disposal by CBMWTF	:	To be submitted by Biotic directly ___ Kg/day																																																
4.	Quantity of waste generated or disposed in Kg per annum (on monthly average basis)	:	Yellow category: 712.13kg (per month based on yearly average)																																																
			Red Category: 497.15kg (per month based on yearly average)																																																
			White: 91.75kg (per month based on yearly average)																																																
			Blue Category: 43.32 kg (per month based on yearly average)																																																
			General Solid waste: 1216.6 kg (per month based on yearly average)																																																
5.	Details of the Storage , treatment, transportation, processing and Disposal Facility																																																		
	(i) Details of the on-site storage facility	:	Size : To be submitted directly by Biotic Waste Solutions Pvt. Ltd.																																																
			Capacity: To be submitted directly by Biotic Waste Solutions Pvt. Ltd.																																																
			Provision of on-site storage : (cold storage or any other provision) NA																																																
	(ii) Disposal Facilities	:	<table border="1"> <thead> <tr> <th>Type of treatment Equipment</th> <th>No of Units</th> <th>Capacity Kg/day</th> <th>Quantity treated or disposed In Kg per Annum</th> </tr> </thead> <tbody> <tr> <td>Incinerators</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Plasma Paralysis</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Autoclaves</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Microwave</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Hydroclave</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Shredder</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Needle tip cutter or destroyer</td> <td></td> <td></td> <td>---To be provided by Biotic waste solutions directly</td> </tr> <tr> <td>Sharps encapsulation or concrete pit</td> <td></td> <td></td> <td>----</td> </tr> <tr> <td>Deep Burial pits:</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Chemical disinfection:</td> <td></td> <td></td> <td>----</td> </tr> <tr> <td>Any other treatment equipment:</td> <td></td> <td></td> <td>To be provided by Biotic waste</td> </tr> </tbody> </table>	Type of treatment Equipment	No of Units	Capacity Kg/day	Quantity treated or disposed In Kg per Annum	Incinerators				Plasma Paralysis				Autoclaves				Microwave				Hydroclave				Shredder				Needle tip cutter or destroyer			---To be provided by Biotic waste solutions directly	Sharps encapsulation or concrete pit			----	Deep Burial pits:				Chemical disinfection:			----	Any other treatment equipment:			To be provided by Biotic waste
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			solutions directly
	(iii) Quantity of recyclable wastes sold to authorize recyclers after treatment in kg per annum.	:	Red Category (like plastic, glass etc.) NA
	(iv) No of vehicles used for collection and transportation of biomedical waste.	:	NA
	(v) Details of incineration ash and ETP sludge generated and disposal during the treatment of wastes in Kg per annum)		Quantity Generated Where disposal Incineration NA Ash ETP Sludge
	(vi) Name of the Common Bio-Medical Waste Treatment Facility Operator through which wastes are disposed of	:	Biotic Waste Solutions Pvt. Ltd.
	(vii) List of member HCF not handed over bio-medical waste.	:	NA
6.	Do you have bio-medical waste management committee? If yes, attach minutes of the meetings held during the reporting period.	:	We have clubbed our Biomedical waste management committee with our Infection Control Committee. The minutes of the same have been attached for your reference.
7.	Detail trainings conducted on BMW		
	(i) Number of training conducted on BMW Management.		18
	(ii) Number of personnel trained		333
	(iii) Number of personnel trained at the time of induction		Monthly training on site being undertaken by us.
	(iv) Number of personnel not undergone any training so far.		Nil
	(v) Whether standard manual for training is available?		Yes, BMW SOP is being followed
	(vi) Any other information)		NA
8.	Details of the accident occurred during the year		
	(i) Number of Accidents occurred		7
	(ii) Number of the persons affected		7

	(iii) Remedial Action taken (Please attach details if any)		Incident reports attached along
	(iv) Any Fatality occurred, details.		Nil
9.	Are you meeting the standards of air Pollution from the incinerator? How many times in last year could not met the standards?		NA. We do not have incinerators
	Details of Continuous online emission monitoring systems installed		NA
10.	Liquid waste generated and treatment methods in place. How many times you have not met the standards in a year.		Being a small health care organization with a bed capacity of less than 50 beds we did not have an STP as it was not a mandate. However, the construction of the STP plant has now started and is going on in full swing.
11.	It the disinfection method or sterilization meeting the log 4 standards? How many times you have not met the standards in a year?		Yes, Nil
12.	Any other relevant information		NA

Certified that the above report is for the period from 1st January 2016 till 31st December 2016.

Date:
Place:

Name and Signature of the Head of the Institution



Minutes of Infection Control Committee Meeting conducted on 25th Oct'16 at 3pm in Pathshala

Members of the committee:

Dr. Ruchir Mehra	Facility Director
Dr. Shivani Sabharwal (Chairman)	Medical Superintendent
Dr. Sharad Srivastava	Director Anaesthesia & Medical Advisor
Dr. Raghuram Mallaiah	Director Neonatologist
Dr. Yachika Jawa	Head - Lab Services
Dr. Mamoni Maity	Quality Executive
Dr. Anu Gupta	Microbiologist
Sr. Suma	Chief of Nursing
Sr. Vincy (Convenor)	Infection Control Nurse
Ms. Yeshu	Head- Biomedical Engineering
Mr. Virender	Head- Engineering & Maintenance

Invitees: Mr. Rajan

Absentees: Dr. Anjilia Aneja, Mr. Gaurav Singh, Mr. Bhim KC

S. No.	Action Point	Responsibility	Expected Closure Date	Interdependencies
1	It has been observed that IVF staff during their routine cases in OT is not complying to OT dress code. This is questioning sterility of the OT and hence patient safety too.	Dr. Shivani	15.11.16	Dr Sunita
2	Frequent breakdowns of ETP plant due to excess chlorine in tap water. It has been requested to have RO water supply for the CSSD department.	Mr. Virender	30.11.16	Mr. Gaurav
3	Temperature control of NICU and OT to be monitored.	Mr. Virender	30.10.16	Mr. Gaurav
5	A call needs to be taken regarding the use of disposable bed pans or if we could consider buying a bed pan washer.	Sr. Suma	15.11.16	Mr. Bhim
6	Non-adherence to the timeliness of lab reports: 48 hours culture report being delayed, reports coming in 4-5 days. Pathologist and microbiologist requested to inform the results verbally on phone at least or they should make some provision for early availability of reports	Dr. Yachika/ Dr. Anu	15.11.16	Lab Technicians

Chairman

Convenor

INFECTION CONTROL MINUTES OF MEETING

NAME OF UNIT- FORTIS LA FEMME

NAME OF COMMITTEE- INFECTION CONTROL COMMITTEE

1. Date: 26/03/2016 Time: 3:30PM - 4:30PM
2. Total no. of Members in committee: 9
3. Numbers of members attended: 9
4. Chairman, convener and members mandatory members present (Yes/No): Yes
5. Details of essential members who neither attended nor sent a representative: All Present
6. Agenda circulated prior to meeting: Yes/NO: YES
7. Discussion on Action Taken Report on action items / recommendations from previous meeting (Yes/No) – Yes
8. Details of action items open from previous meeting: All are closed
9. Details of action items open from previous two meetings: All are closed
10. Summary of discussion on Reports / documents of all essential Agenda items presented.

Action Points/Area of Concern	Decision taken/Plan	Responsibility	Time line
Minutes of previous ICC meeting were discussed.	No pending issues		
Infection Control Surveillance Data Shared for the period of Nov to Dec 2016.	Shared by ICN	Sis. Vincy	
Biomedical Waste Audit	Weekly Reports were discussed.	Sis. Vincy and Mr. Bhim	
Surgical site infection	Discussed regarding the surgical site infection.		

CHAIRMAN
CONVENOR

Action Plan: Next meeting to be held in July 2016

INFECTION CONTROL MINUTES OF MEETING

NAME OF UNIT- FORTIS LA FEMME

NAME OF COMMITTEE- INFECTION CONTROL COMMITTEE

1. Date: 22/07/2016 Time: 3:30PM - 4:30PM
2. Total no. of Members in committee: 9
3. Numbers of members attended: 9
4. Chairman, convener and members mandatory members present (Yes/No): Yes
5. Details of essential members who neither attended nor sent a representative: All Present
6. Agenda circulated prior to meeting: Yes/NO: YES
7. Discussion on Action Taken Report on action items / recommendations from previous meeting (Yes/No) – Yes
8. Details of action items open from previous meeting: All are closed
9. Details of action items open from previous two meetings: All are closed
10. Summary of discussion on Reports / documents of all essential Agenda items presented.

Action Points/Area of Concern	Decision taken/Plan	Responsibility	Time line
Minutes of previous ICC meeting were discussed.	No pending issues		
Infection Control Surveillance Data Shared for the period of March to June 2016.	Shared by ICN		
Biomedical Waste Audit	Weekly Reports were discussed.		
Infection Monitoring Parameters were discussed.	Hand Hygiene, SSI, NSI, Device Associated Rates were discussed.		Immediately
OT staff, hand hygiene	OT staff to be trained to strictly adhere to hand hygiene protocols.		Immediately
IVF OT dress code	IVF OT staff to be trained to follow the dress code.		Immediately
Report of water culture	Discussed regarding the water culture report in the month of April 2016 and implemented UV light.		

**CHAIRMAN
CONVENOR**

Action Plan: Next meeting to be held in November 2016.

Annexure-I

Jan 2016 - Dec 2016

Date	Red		Blue		Yellow		Sharp		Total	
	Nos	KG	Nos	KG	Nos	KG	Nos	KG	Total bag	Total kg
JAN	309	625	55	53	331	957	208	131	903	1766
FEB	317	570	67	37.5	349	762	276	129.1	1009	1498.6
MAR	393	589.5	76	48.45	369	785.6	285	144.1	1123	1567.65
APR	370	484	78	59.7	339	653	266	124.8	1053	1321.5
MAY	363	423	93	53.26	366	590	292	126.4	1114	1192.66
JUN	358	464.3	82	47	364	635	253	98.2	1057	1244.5
JUL	387	431	93	43.4	375	624	257	102.5	1112	1200.9
AUG	392	527	108	42.9	411	698	275	102.8	1186	1370.7
SEP	423	458	71	30.4	427	673	185	64.4	1106	1225.8
OCT	394	451	32	37.2	412	718	63	24	901	1230.2
NOV	387	500	34	42	375	753	55	26.2	851	1321.2
DEC	409	443	41	25.1	383	697	67	27.6	900	1192.7
Total	4502	5965.8	830	519.91	4501	8545.6	2482	1101.1	12315	16132.41

FORM I
ACCIDENT REPORTING

1. Date and time of accident : Jan 2016
2. Type of Accident : Nil
3. Sequence of events leading to accident :
4. Has the Authority been informed immediately :
5. The type of waste involved in accident :
6. Assessment of the effects of the accidents on human health and the environment :
7. Emergency measures taken : - - -
8. Steps taken to alleviate the effects of accidents :
9. Steps taken to prevent the recurrence of such an accident :
10. Does you facility has an Emergency Control policy? If yes give details :

Date.....Jan 2016

Place.....New Delhi

Signature.....Vinod

Designation.....ICN

FORM I
ACCIDENT REPORTING

1. Date and time of accident : Feb 2016
2. Type of Accident : Nil
3. Sequence of events leading to accident :
4. Has the Authority been informed immediately :
5. The type of waste involved in accident :
6. Assessment of the effects of the accidents on human health and the environment :
7. Emergency measures taken :
8. Steps taken to alleviate the effects of accidents :
9. Steps taken to prevent the recurrence of such an accident :
10. Does your facility have an Emergency Control policy? If yes give details :

Date.....Feb 2016

Signature.....N. K. Singh

Place.....New Delhi

Designation.....ICA

FORM I
ACCIDENT REPORTING

1. Date and time of accident : March, 2016
2. Type of Accident : nil
3. Sequence of events leading to accident :
4. Has the Authority been informed immediately :
5. The type of waste involved in accident :
6. Assessment of the effects of the accidents on human health and the environment :
7. Emergency measures taken : ~~nil~~
8. Steps taken to alleviate the effects of accidents :
9. Steps taken to prevent the recurrence of such an accident :
10. Does your facility has an Emergency Control policy?
If yes give details :

Date..... March 2016

Signature..... May

Place..... New Delhi

Designation..... ICRI

FORM I
ACCIDENT REPORTING

1. Date and time of accident : 17/4/2016, 8.15pm
 2. Type of Accident : Needle stick injury
(House keeping, Area OT)
 3. Sequence of events leading to accident : During the cleaning of OT procedure trolley, that time one needle accidentally go in Right hand little finger.
 4. Has the Authority been informed immediately : Yes
 5. The type of waste involved in accident : Yes, used needle
 6. Assessment of the effects of the accidents on human health and the environment : Yes
 7. Emergency measures taken : Yes
 8. Steps taken to alleviate the effects of accidents : Yes (Needle stick injury protocol follow)
 9. Steps taken to prevent the recurrence of such an accident : Yes (Counseling and Re-training given)
 10. Does your facility has an Emergency Control policy? If yes give details : Yes, Needle stick injury policy (Do not sq or suck injury site, Wash liberally with soap and water, Report and give the detail of injury to infection control staff or any other, closing protect no. Induction or service training given to all HCN)
- Date: 17/4/2016

Signature..... Vijay

Place: New Delhi

Designation..... ICN

**FORM I
ACCIDENT REPORTING**

1. Date and time of accident : 10/05/2016, 2:50 pm
2. Type of Accident : Needle stick injury
(House keeping, Prod. area)
3. Sequence of events leading to accident : During the clearing of litter floor that time one needle accidentally stuck in left hand ring finger.
4. Has the Authority been informed immediately : Yes
5. The type of waste involved in accident : Yes, unknown needle.
6. Assessment of the effects of the accidents on human health and the environment : Yes
7. Emergency measures taken : Yes
8. Steps taken to alleviate the effects of accidents : Yes (Needle stick injury protocol followed)
9. Steps taken to prevent the recurrence of such an accident : Yes (Counseling and Re-training given)
10. Does your facility have an Emergency Control policy? If yes give details : Yes, Needle stick injury policy (i) do not squeeze or suck injury site, wash liberally with soap and water, Report and give the date of injury to infection control staff or any other designated person. Induction and in-service training given to all HEM

Date: 10/05/2016

Signature: Yash

Place: New Delhi

Designation: ICW

FORM I
ACCIDENT REPORTING

1. Date and time of accident : June 2016
2. Type of Accident : Nil
3. Sequence of events leading to accident :
4. Has the Authority been informed immediately :
5. The type of waste involved in accident :
6. Assessment of the effects of the accidents on human health and the environment :
7. Emergency measures taken :
8. Steps taken to alleviate the effects of accidents :
9. Steps taken to prevent the recurrence of such an accident :
10. Does you facility has an Emergency Control policy?
If yes give details :

Date June 2016

Place Near Delhi

Signature V. Singh

Designation ICW

**FORM I
ACCIDENT REPORTING**

1. Date and time of accident : 01/07/16, 12 Noon
2. Type of Accident : Needle stick injury
(Cyprus Consultant, CT)
3. Sequence of events leading to accident : During the operative procedure the assistant C-section, at the time of sucking of status needle was punctured in right index finger
4. Has the Authority been informed immediately : Yes
5. The type of waste involved in accident : Used Needle
6. Assessment of the effects of the accidents on human health and the environment : Yes
7. Emergency measures taken : Yes
8. Steps taken to alleviate the effects of accidents : Yes (Needle stick injury protocol followed)
9. Steps taken to prevent the recurrence of such an accident : Yes (Counseling given and Re-training)
10. Does your facility has an Emergency Control policy? If yes give details : Yes, Needle stick injury policy (Do not squeeze or suck injury site, Wash liberally with soap and water, Report and give the details of it to infection control staff or any other designated person). Infection training and inservice training given to all HCW

Date: 1/07/2016

Signature: [Signature]

Place: New Delhi

Designation: I.C.M.

**FORM I
ACCIDENT REPORTING**

1. Date and time of accident : 04/05/2016, 10³⁰am
2. Type of Accident : Needle stick injury
(Gynaec consultant, OT)
3. Sequence of events leading to accident : During the operative procedure to assist LSCS, at the time of suturing the suture needle was pricked in right thumb, accident
4. Has the Authority been informed immediately : Yes
5. The type of waste involved in accident : Used Needle
6. Assessment of the effects of the accidents on human health and the environment : Yes
7. Emergency measures taken : Yes
8. Steps taken to alleviate the effects of accidents : Yes (Needle stick injury Report and follow up)
9. Steps taken to prevent the recurrence of such an accident : Yes (Counseling given and he been given
10. Does your facility has an Emergency Control policy? If yes give details : Yes, Needle stick injury policy (Do not report or stick injury site, In-lash liberally with infection control staff or any other designated person) Incident Report and give the details of infection training and inservice training given to all HCH.

Date.....4/8/2016.....

Signature.....[Signature].....

Place.....Nov. Delhi.....

Designation.....ICN.....

FORM I
ACCIDENT REPORTING

1. Date and time of accident : 16/09/2016, 16:42 hrs
 2. Type of Accident : Needle stick injury
(Necrotal Resistant, LDR)
 3. Sequence of events leading to accident : During the time of Vitamins administration
needle was pricked in right ring finger
 4. Has the Authority been informed immediately : Yes
 5. The type of waste involved in accident : Used Needle
 6. Assessment of the effects of the accidents on human health and the environment : Yes
 7. Emergency measures taken : Yes
 8. Steps taken to alleviate the effects of accidents : Yes (Needle stick injury protocol followed)
 9. Steps taken to prevent the recurrence of such an accident : Yes (Counseling given and the training given)
 10. Does your facility has an Emergency Control policy? If yes give details : Yes, Needle stick injury policy (Do not sq
or suck injury site, wash liberally with so
and later, Report and give the details of injury
infection control staff or any other designated persons) - conduct
training and inservice training given to all HCW
- Date... 17/9/2016
Signature... Vandana

Place... Mauli Dohbi

Designation... ICW

FORM I
ACCIDENT REPORTING

- 1. Date and time of accident : 06/10/2016, 15:39

- 2. Type of Accident : Needle stick injury
(Eng Staff, NICA)

- 3. Sequence of events leading to accident : While the employee was doing his work in a (maintenance) Syringe fell down from the bed on his hand.

- 4. Has the Authority been informed immediately : Yes

- 5. The type of waste involved in accident : Used Needle

- 6. Assessment of the effects of the accidents on human health and the environment : Yes

- 7. Emergency measures taken : Yes

- 8. Steps taken to alleviate the effects of accidents : Yes (Needle stick injury protocol followed)

- 9. Steps taken to prevent the recurrence of such an accident : Yes (Counseling given and Refresher given)

- 10. Does your facility has an Emergency Control policy? If yes give details : Yes, Needle stick injury (Do not squeeze or suck injury site, Wash liberally with soap and water, Report and give the details of injury to infection control staff or any other designated person) Infection training and in service training given to all HCWs.

Date... 7/10/16.....

Signature..... [Signature].....

Place... New Delhi.....

Designation... ICW.....

FORM I
ACCIDENT REPORTING

1. Date and time of accident : 16/11/2016
2. Type of Accident : Needle stick injury
(Cm. Gyroic Resident, Area - CT)
3. Sequence of events leading to accident : During the operative procedure she was C-section, at the time of Sutureing. Stakes were was pricked in right dorsal part
4. Has the Authority been informed immediately : Yes
5. The type of waste involved in accident : Yes, used needle
6. Assessment of the effects of the accidents on human health and the environment : Yes
7. Emergency measures taken : Yes
8. Steps taken to alleviate the effects of accidents : Yes (Needle stick injury 1st local followed)
9. Steps taken to prevent the recurrence of such an accident : Yes (Counseling and Re-training given)
10. Does your facility has an Emergency Control policy? If yes give details : Yes, needle stick injury policy (Do not spit or suck injury site, wash liberally with antiseptic and water, Report and give the details of injury to Infection Control staff or any other designated person) Inclusion training and inservice given to all HCL.

Date... 17/11/2016

Signature..... *[Signature]*

Place... New Delhi

Designation... 17/11/2016 (TCM)

FORM I
ACCIDENT REPORTING

1. Date and time of accident : *December - 2016*
2. Type of Accident : *Nil*
3. Sequence of events leading to accident :
4. Has the Authority been informed immediately :
5. The type of waste involved in accident :
6. Assessment of the effects of the accidents on human health and the environment :
7. Emergency measures taken :
8. Steps taken to alleviate the effects of accidents :
9. Steps taken to prevent the recurrence of such an accident :
10. Does you facility has an Emergency Control policy?
If yes give details :

Date.....*December - 2016*

Signature.....*[Signature]*

Place.....*New Delhi*

Designation.....*ICN*