



GOVERNMENT OF WEST BENGAL

DEPARTMENT OF HEALTH & FAMILY WELFARE

THE WEST BENGAL
CLINICAL ESTABLISHMENT RULES, 2003

The West Bengal Clinical Establishment Rules, 2003
GOVERNMENT OF WEST BENGAL
Department of Health & Family Welfare
MEDICAL SERVICES

NOTIFICATION

No.- HF/O/MS/252/4C-04/2002 dated, 7th July 2003. In exercise of the power conferred by section 9 of the West Bengal Clinical Establishment Act, 1950(West Ben. Act-LVI of 1950), and in super session of all earlier rules on the subject, the Governor is pleased hereby to make the following rules, namely :

RULES

1. Short title and commencement

- (1) These rules may be called The West Bengal Clinical Establishment Rules, 2003.
- (2) They shall come into force on and from the date of their publication in the Official Gazette.

2. Definitions -

- (1) In these rules, unless there is any thing repugnant in the subject or context,
 - (i) "The Act" means the West Bengal Clinical Establishment Act, 1950.
 - (ii) "Appendix" means appendix to these rules;
 - (iii) "Appropriate authority" means the Council, the Body, the University or Board approved by the State or Central Government granting registration to particular discipline like Allopathic, Homoeopathic, Ayurvedic, Acupuncture or Unani system of medicine for such purpose;
 - (iv) "C.M.O.H." means the Chief Medical Officer of Health of the district within which the local area is comprised;
 - (v) "D.D.H.S. (Administration)" means the Deputy Director of Health Services or any other officer not below the rank of Deputy Director of Health Services as the State Government may, by Notification in the Official Gazette specify;
 - (vi) "D.H.C." means The District Health Committee constituted under section 5B of the Act;
 - (vii) "Kolkata" means the Kolkata as defined in clause (9) of section 2 of the Kolkata Municipal Corporation Act, 1980(West Ben. Act LIX of 1980);
 - (viii) "Package" means a group of facilities towards investigation, treatment or management with clear item wise explanation wrapped under a fixed price to be provided to the beneficiaries.
 - (ix) "R.M.O." means the Residential Medical Officer, who will be engaged for a particular discipline like Allopathic, Homoeopathic and Ayurvedic or Unani system of medicine, with requisite qualifications and registration under Government recognised council, for the particular discipline for which the clinical establishment is set up;
- (2) The words and expressions used in these rules and not defined shall have the meaning respectively arranged to them in the Act.

3. Each page of the **Register** shall be maintained and verified by the Licensing Authority in Kolkata and by the Chief Medical Officer of Health elsewhere, in **FORM I**, as specified in the appendix to these rules.
4. The names of the clinical establishments shall be **entered in the Register** in the order in which the applications of registration and for the grant of license are admitted and sufficient space shall be left for future additions and alterations in respect of the entries made about the establishment.
5. The register shall be verified page wise by the Licensing Authority as prescribed in rule 7.

6. As soon as may be after the 1st day of April each year each Chief Medical Officer of Health shall inform the Deputy Director of Health Services (Administration) and District Health & Family Welfare Samity without delay of all the additions and alterations in the district register.
7. An officer not below the rank of Deputy Director of Health Services shall be the **Prescribed Authority** (hereinafter referred to as the **Licensing Authority**) in Kolkata and the Chief Medical Officer of Health elsewhere, to whom the applications for registration and for the grant of License shall be made.
8. The application for registration and for the grant of License, or for their renewal, or amendment, or for a duplicate of the license, if the original is lost or destroyed, shall be in **FORM II** as specified in the appendix to these rules and shall be accompanied by a **fee** as hereinafter mentioned for each clinical establishment. The **approved plan** from appropriate authority of the premises where the establishment is proposed to be run or going to be modified shall be attached to the new application or the application for amendment. The **existing license must be surrendered** with the application for every renewal or amendment of the clinical establishment license on proper receipt from the licensing authority.

FEES PAYABLE WITH APPLICATION (in Rupees) :

	For KMA*, Municipal Areas & Dist. H.Qs.	For KMA, Municipal Areas & Dist. H.Qs.	Others	Others
	Registration	Renewal	Registration	Renewal
	Rs.	Rs.	Rs.	Rs.
1. Nursing Home and or Maternity Home, Dispensary with beds, Day Care Centre with beds and Physical Therapy Establishments.				
(a) Upto 10 beds	2000	1000	1500	750
(b) 11-20 beds	3500	1750	2500	1250
(c) 21-30 beds	4500	2250	3500	1750
(d) for each additional bed above 30 beds	150	75	100	50
2. PATHOLOGICAL LABORATORY				
(a) Small	500	250	400	200
(b) Medium	1000	500	800	400
(c) Large	2500	1250	1500	750
(d) Collection Centre for Pathological Labs.	700	350	700	350
3. IMAGING, X-Ray & Others				
(a) USG only	1000	500	800	400
(b) ECHO	1000	500	800	400
(c) Color Doppler	1000	500	800	400
(d) CT Scan	2000	1000	1800	900
(e) MRI	3000	1500	2800	1400
(f) X-Ray	1000	500	800	400
(g) OTHERS : ECG, EEG, EMG, Scopy Procedures, Holter Monitoring & others not specified above	1000 each	500 each	800 each	400 each
(h) Angiography	5000	2500	4000	2000

	For KMA*, Municipal Areas & Dist. H.Qs.	For KMA, Municipal Areas & Dist. H.Qs.	Others	Others
	Registration	Renewal	Registration	Renewal
	Rs.	Rs.	Rs.	Rs.
4. ICCU/ITU/RCU/NCU Dialysis (each)				
(a) upto 10 beds	4500	2250	3000	1500
(b) 10+beds	6000	3000	4000	2000
5. (a) Poly Clinics & other Clinics (b) Individual Clinic (Modern Medicine and Dental)	500/doctors	250/doctors	400/doctors	200/doctors
(a) Graduates	300	150	200	100
(b) Post-Graduate diploma and degree holder	1250	625	1000	500
(c) Ayurvedic/Homeo/Unani/ Acupuncture therapist				
(a) Graduates	150	75	100	50
(b) Post-Graduate diploma and degree holder	625	300	500	250
6. Hospitals having Speciality Clinic				
(a) 25-50 beds	1500/specialty	750/specialty	1000/specialty	500/specialty
(b) >50 beds	2500/specialty	1250/specialty	2000/specialty	1000/specialty
7. For diagnostic facilities in hospitals having more than 50 beds (excluding MRI and angiography)	12,000	6000	10,000	5000
8. Amendment fees	500		500	
9. Duplicate Copy of License	250		250	

* KMA : Kolkata Metropolitan Area

Specialty Clinic :

1. Surgery / Eye / ENT / Orthopedics / Cardiothoracic / Plastic Surgery
2. Medicine / Pediatrics (Surgery / Medicine) / Cardiology / Endocrinology
3. Gyne and Obstetrics
4. Neurology / Skin / Dental
5. Any other discipline not included above.

The license for a temporary camp is hereby withdrawn. All operations should be performed in a fixed centre having OT facilities.

If the licensing authority rejects any application, the application fee shall be refunded after deduction of 25% of the fee.

The application for renewal of registration and license shall be submitted at least 30 days before the date of expiry. No application for renewal of registration and license shall be entertained if made after the said period, unless the said application is filed before the date of expiry of such license with a fine which shall be 50% of the amount of renewal fee and, if so submitted the establishment shall be deemed to be duly registered and licensed until such date as the licensing authority renews or refuses the registration and license.

If a licensee submits an application for renewal of license after expiry of the valid date of license, such application shall not be treated as a case of renewal of old license in any circumstances. But

such application shall be treated as an application for new license and shall be accompanied by up to date fee for original registration and license, and if any new license is issued on the basis of such application, the validity of such license shall be for one year or three years, as the case may be, from the date of issue of the license as usual. The intervening period that is from the date of expiry of the previous license up to the date before issue of the new license, shall be treated as an irregular period of running the establishment by the licensee without providing any information to the licensing authority about any closure of the establishment during that period, supposed to be done by the licensee, which is subsequently be regularized by the licensing authority after receiving the full payment towards the fee for original registration and license, unless affected by any other law of the land, under a notice mentioning the irregular period of running incorporated in the body of the license to be issued. If the last date of submitting an application is a Gazetted holiday, the application shall be submitted on the immediate next working day.

9. The registration and the license granted under the Act shall be valid for one year with effect from the date of issue of the license. However fees for three consecutive years may be paid in advance at a time and license will be issued accordingly.

10. The fees shall be paid in cash to the Reserve Bank Of India in Kolkata and to the Treasury elsewhere under the Head- "0210-MEDICAL & P.H. (Excluding P.H.)-OTHER RECEIPTS" under The West Bengal Clinical Establishment Act, 1950, and the refund of portion of application fees shall be given from the subordinate Head-"DEDUCT-REFUND" under the appropriate receipt head. The licensing authority shall keep an account of the fees so deposited in the Reserve Bank Of India in Kolkata or the Treasury, as the case may be, on receipt of the Bank or Treasury Challan to be produced by the applicant. The licensing authority shall also keep an account of the refund of the fees.

11. No license for clinical establishment shall be granted unless the licensing authority is satisfied that the applicant and the Clinical Establishment fulfils the following conditions :

A. GENERAL (For all Clinical Establishments) :

(I) The person or persons associated with the clinical establishment are considered fit and proper person.

(II) Application (FORM II) shall be filled in with the particular name of the applicant and not with the name of Registered firm, Company or Partnership Organization so that responsibility of the clinical establishment shall be fixed upon a particular person. So in case of a Firm, Company or a Partnership Organization, the name of a person from amongst the Directors, Partners or Owners, that may be the Applicant, shall be specified through a resolution of the personnel in the management of such Firm, Company or Partnership Organization.

(III) The premises and equipments are reasonably suitable and adequate with a stock of emergency and lifesaving drugs as notified from time to time.

(IV) The premises where the clinical establishment is actually located, should be separated from any residential quarter of persons not connected with the establishment i.e. there should be no free access.

(V) The plan for construction of new clinical establishment must follow the measurements as laid down in Annexure A. The plan should be duly certified by the Government Approved Engineer/ Architect on the body of the plan and to be submitted with the application for registration.

(VI) A plan of construction of the premises duly approved by the Municipal or Corporation Authority, as the case may be, shall be furnished to show that the construction is exclusively meant for a clinical establishment to run there, and if the construction is approved for residential purpose, it should be converted accordingly with due approval of the respective Municipal or Corporation Authority concerned, as the case may be, before it is submitted with the application for grant of license under the West Bengal Clinical Establishment Act, 1950. Ownership towards the premises must be supported by deed, records or tax documents. In case of lease Deed with Landlord, a no objection certificate must be produced with application. Current Receipt of rent payment to the landlord in case of rented building is required in case of renewal of license.

(VII) In the premises, except Individual Clinic, there should be a Reception counter, an Office with an airproof and waterproof Record room, a Waiting room with proper ventilation, lighting, drinking water supply, cooling arrangement, sanitary arrangement and separate toilets for male and female.

(VIII) Clinical Establishments having identical names in the jurisdiction of a particular licensing authority shall not be allowed to avoid biasness amongst the beneficiaries.

(IX) The word "RESEARCH" can not be used in the nomenclature of a clinical establishment under this act, unless and until, the subject of definite Research proposal is submitted along with the application for registration and if such a proposal is submitted at all, yearly progress in that field with the observation of an expert in that specialty must be submitted to the licensing authority for onward transmission to the Ethical Committee.

(X) The word "HOSPITAL" can only be inserted in nomenclature of a clinical establishment having not less than 25 beds where treatment facilities in all the disciplines or a particular discipline are sufficiently available with necessary infrastructure for any type of emergency management during day and night.

(XI) The naming of a clinical establishment shall conform to its function and the facilities to be made available for treatment or diagnostic observation.

(XII) The general cleanliness of the premises including sanitary arrangements, furniture and equipments must be properly maintained along with 24 hours adequate potable water supply for the beneficiaries with an arrangement for safe and hygienic disposal of clinical waste products as per provisions laid down in the Bio-medical Waste (Management and Handling) Rules, 1998.

(XIII) Every application for clinical establishment must be supported with Certificate of Enlistment from Municipal Corporation / Municipal Authority / Panchayat, as the case may be and Clinical Waste Disposal License (if available) from the respective Corporation /Municipal Authority/ Panchayat, as the case may be.

(XIV) The persons employed to conduct the clinical establishment must be properly qualified, trained, and sufficient in number, as provided in these rules.

(XV) Every application for registration shall contain Appointment and Acceptance letter of the staff proposed to be engaged and Bio-data with documentary evidence of their qualifications (Technical and Non-technical) and particulars of salaries including yearly increment and exgratia for overtime duty, to be drawn by them.

(XVI) All clinical establishments should preserve the Xerox Copy of certificates of Consultants/ Specialists, as the case may be to be, produced to the licensing authority on demand. A list of such consultants/ specialists stating their qualifications is to be provided with Form II during application.

(XVII) If any employee or a consultant of a clinical establishment is attached with or employed in Government Services, details must be submitted to the licensing authority in this regard with no-objection certificate from the Head of the Institution. No Government employee shall be employed as RMO or full time employee of a clinical establishment.

(XVIII) Any examination, treatment or management of female patients must be conducted in the presence of an employed female attendant/female nursing staff, if conducted by male personnel inside the clinical establishment.

(XIX) An up-to-date register shall be maintained in which Name, Present and Permanent address and qualification of all the employees (both temporary and permanent) of the clinical establishment are to be noted.

(XX) An attendance register of all employees of the establishment shall be maintained.

(XXI) Proper accounts shall be maintained of all receipts and expenditure.

(XXII) A clinical establishment shall not conduct any training course in medical or Para-medical subjects or register any person to provide degree or diploma on such subjects unless the Appropriate Authority affiliates such training course.

(XXIII) No organisation registered under the Society Registration Act, 1961, will be allowed to cater clinical treatment or accommodate any centre for clinical investigation facilities, unless and until, it obtains a clinical license/licenses accordingly from the Licensing Authority concerned. In case of Partnership firm or Association, Deeds/Documents in this respect along with power of Attorney to the Applicant from amongst the Proprietors must be submitted with the Application of clinical establishment license and registration.

(XXIV) Free treatment facilities for 40% of the patients at Out Patient Departments that is, in Out-door and for 10% of the patients at In Patient Departments that is, in In-door, must be provided by the clinical establishment having equipments procured with the help of Custom Duty Exemption Certificate as per central Government norm and declaration by the clinical establishment in this respect. A month-wise report for extension of such free treatment must be submitted with the application for renewal of registration and license.

(XXV) If any clinical establishment receives any land or building for the purpose under some special consideration from the Government of West Bengal or from the Government of India or from any charitable trust, a copy of agreement towards the facilities to be provided to the patients in the form of free treatment or other must be submitted with the application for registration and license.

(XXVI) The clinical establishment that has received reduction or exemption from payment of application fees, as the case may be, under sub-section (1) Section 4 of the Act, will be required to provide treatment facilities (both Indoor and Outdoor) free of cost to 20% Out-door and 15% In-door Patients, if not fall under the jurisdiction of sub-rule (xxiv) and below of such percentage of free treatment during any agreement under sub-rule (xxv) of this rule, and must submit a monthly report of such free treatment to the Licensing Authority failing which their license shall be suspended until they pay the full license fee along with a fine of equal amount.

(XXVII) An information booklet in local languages must be provided to the beneficiaries. The clinical establishment will offer an approximate estimate of expenditure likely to be incurred to the indoor patients either for the whole Package for Investigations, Treatment and Management or by furnishing item wise estimate for investigations, treatment or management, separately.

(XXVIII) All payments should be supported by receipts.

(XXIX) All charitable institutions/Doctors doing charitable service should submit application in Form II of CE Rules asking the licensing authority (Deputy.DHS (Admn.) in case of Kolkata and CMOH in case of a district) to waive or to reduce the fees as the case may be. Secretary, Health & Family Welfare will ultimately decide on the matter.

(XXX) The license granted to an establishment under these Rules is not transferable. In the event of change of ownership or change of management or when the establishment ceases to function the license shall be surrendered to the licensing authority and the new owner or management should apply afresh for grant of license.

B. FOR NURSING HOMES AND/OR MATERNITY HOMES, DISPENSARIES AND DAY CARE CENTRES (With beds) :

(I) Formation for rooming of the patient should be as :

(a) Ward—a room having not less than 4 (four) patients with acceptable floor space vide Annexure 'A' of these rules per patient and must be separated for male and female.

(b) Cubicle—a long room divided for each patient with curtains up to an acceptable height of 2.5 metres to provide privacy to the patients of three sides with a screen in open side having acceptable floor space vide Annexure 'A' of these rules per patient.

(c) Cabin—a single room to provide complete privacy to a patient with acceptable floor space vide Annexure 'A' of these rules for the patient with an attached toilet exclusively for the patient.

(II) **Provision for sanitary fittings** : —acceptable norms to be followed as laid down in annexure 'A' of these rules.

(III) Except for **Intensive Therapy Unit and Intensive Cardiac Care Unit** with provision of **curtains**, no male patient is allowed to stay with female patient in side a ward. There shall be separate male or female ward.

(IV) **Operation Theatre Complex** : —Minimum floor space for an Operation theatre as specified in "Annexure A" of these rules shall be provided apart from area provided for scrubbing, dirty linen, store, Doctor's room, Nurses room, Recovery and Sterilisation. Such a complex must be treated as a **sterile zone** and asepsis of such complex shall be regularly maintained. All Operation theatres must be equipped with **proper instruments** like shadow less lamp, anaesthetics apparatus with oxygen cylinder, diathermy etc.

(V) Proper **ventilation, lighting and water supply** must be provided.

(VI) Fans operated by electricity must be provided with, where electricity is available, or other means of **cooling** must be adopted.

(VII) Sufficient number of **water closets, bathrooms and washbasins** must be provided as per acceptable norms laid down in Annexure 'A' of these rules.

(VIII) Adequate number of **bedpans and slop sinks with flushing arrangements** must be provided.

(IX) Floor and other parts of the rooms must be kept clean and in proper repairs regularly.

(X) The rooms and the buildings are all **white washed** every year and if washable paint used should be **painted** once in every three years.

(XI) Adequate and wholesome diet must be provided to the patients as per advice of the attending Doctor and **cleanliness is to be maintained in preparation of diet and its service** to the patients.

(XII) Proper arrangements for **attending the patients and prompt answering** to their calls must be made available round the clock.

(XIII) No person, other than those who are directly connected with the running of the establishment or who are members of their family, shall be **allowed to reside** in the premises except with the special permission of the licensee of the clinical establishment. The licensee of the clinical establishment shall be responsible for the action of any person whom they grant such special permission.

(XIV) No person shall be **allowed to sleep** on the floor where the patients are accommodated.

(XV) In case of a maternity home the **delivery room** must be provided as per specification laid down in Annexure A of these rules. **The delivery room must be equipped** with obstetric table, suction apparatus, and shadow less lamp, weighing machine for the babies and other instruments for the purpose with adequate emergency management facilities.

(XVI) A room with proper sanitary arrangements with provision for drinking water must be provided for Residential Medical Officers, to be called as **Residential Medical Officers' room**, and with the same arrangements a room must be provided for nursing personnel to be called as **Nurses' changing Room**, in a new establishment.

(XVII) All clinical establishments having indoor facilities shall maintain proper bed head tickets with the time of admission of the patient, provisional diagnosis and the prescription of the doctor attending the patient during admission with proper date, time and signature. It will be **obligatory** on the part of such clinical establishments to submit bed head ticket of any patient, whenever required with details, that is, with copy of, all investigations reports done after advice

of attending doctor/s, diet chart, input-output chart, temperature chart, prescriptions, clinical findings, and final diagnosis or cause of death if occurred, of the patient, during the course of treatment in such clinical establishments, by the licensing authority or his nominated person/s. Any refusal or inability or failure to submit the same, by any clinical establishment, if required within a stipulated time as fixed up by the licensing authority, shall be considered as a **gross violation** of these rules.

(XVIII) All corridors must be adequately spacious and wide to provide safe movements of ambulatory patients with the help of stretchers or wheel chairs and so to the **stair cases** for movements of stretchers where there is no provision of electrically operated lift.

(XIX) All emergency diagnostic procedures should be done immediately and the report should be signed by the pathologist / radiologist as the case may be with date and time.

C. FOR PHYSICAL THERAPY ESTABLISHMENTS :

(I) A physical therapy establishment provides treatment facilities to patients suffering from crippling diseases and disabilities. The treatment may be classified as physical and electro-therapy, hydrotherapy, occupational therapy and exercise (Gymnasium). Physiotherapy demands **complete privacy**. Accommodations should, therefore, be provided in the forms of booths. A long room with curtains, which could be drawn, to form cubicles and afford adequate privacy shall be provided. The minimum area that could be provided in such an establishment shall be as per with Annexure A of these rules with adequate equipments for the purpose.

(II) Such establishments shall be under **direct supervision** of a properly qualified expert on the particular type of treatment to be provided by the establishment.

(III) Save as hereinafter provided, the employees of the establishment and the person/s giving the actual treatment shall have the **proper qualifications** from institutions approved by the **appropriate authority** for imparting such treatment.

(IV) Male or female employees providing such therapy under direct supervision of properly qualified person/s shall possess a **minimum qualification** of Secondary education (10+) or equivalent education from any recognised board of secondary education, and must possess practical **experience** for a period of at least 5 years as a trainee or work assistant under a qualified Physiotherapist in physiotherapy department of a Government hospital or a hospital recognised for such purpose by the appropriate authority to achieve a satisfactory **knowledge** on (a) basic anatomy specially of bones, joints and muscle (b) basic physiology with rudimentary knowledge of diseases in which massage is indicated or contraindicated (c) mechanism and use of remedial apparatus (d) physics and application of electrical appliances used in modern physiotherapy.

(V) To provide **complete privacy separate arrangements** shall be provided for the therapy of male and female patients by the male or female employees respectively under proper supervision of qualified person/s in this respect.

DIAGNOSTIC FACILITIES :

All diagnostic facilities employing consultant/ full time specialist/MBBS as the case may be, in various departments will display in a prominent place the time of the visit of the consultant / full time specialist/MBBS for the interest of the patient. If the consultant/full time specialist / MBBS is not available on 2 successive occasions during the stipulated time, necessary measures will be taken as per rule. The consultant/full time specialist/ MBBS, as the case may be, should put their signature and date in the report issued by the diagnostic unit.

D. FOR CLINICAL LABORATORIES :

(I) It shall be under a properly qualified person to **conduct the test**, examination or analysis **and the preparation** of cultures, vaccines, serum or other biological or bacteriological products undertaken by the laboratory.

(II) The clinical laboratory shall be provided with 600mm wide and 900mm high bench of length about 2 metres per technician and to full width of the room for pathologist in charge of the

laboratory. Each laboratory bench shall have laboratory sink with swan neck fittings, reagent shelving, gas and power point and under counter cabinet. Top of the laboratory bench shall be of acid alkali proof.

(III) The room size shall be provided for such purpose shall be as per Annexure 'A' of these rules apart from pathologist room, sample collection room, and room for laboratory waste material for hygienic disposal.

(IV) All clinical laboratories are liable to keep the records properly with the name of the patients, their address and the name of the referral doctor with detail of investigation results. The clinical laboratories will have to inform the licensing authority about the notifiable diseases, if detected, within 24 hours with a copy to Chief Health Officer, Kolkata Metropolitan Urban Health Organization in case of Kolkata and Deputy Chief Medical Officer of Health-II in case of a district.

(A) Laboratory :

Supervisory Personnel

- (a) The large and super-specialty laboratory shall be manned by the medical persons with post-graduate qualification in pathology, microbiology and biochemistry / Ph. D. in the respective discipline.
- (b) The small laboratory may be manned by a DCP or DTM&H or an MBBS with at least five years experience in laboratory medicine.
- (c) The medium laboratory may be manned by a DCP or DTM&H or an MBBS with at least five years experience in laboratory medicine along with M.Sc. : Biochemistry / Medical Micro-biology provided the laboratory performs the special tests.
- (d) Any laboratory that performs histopathological, cytopathological and special hematological tests must be manned by an MD in pathology and in the specialty.
- (e) Multi-disciplinary laboratories shall identify a group leader, with specific qualification for each.

(B) Technical Personnel :

The technical person performing the tests and reporting the results should have one of the following qualifications :

- a) Science graduate with five years experience in an established medium sized laboratory. (to be approved by the Govt. of West Bengal).
- b) Graduate in Medical Laboratory Technology.
- c) Diploma in Medical Laboratory Technology (with a course of at least of one year duration) awarded by a University, State Government, Central Technical Board, or Indian Medical Association with 2 years experience in an established medium-sized laboratory.
- d) A Laboratory may employ upto 25% of the staff without experience but with requisite qualifications or a person with more than ten years of laboratory experience with at least matriculation with science.

The laboratory shall have a system for imparting necessary training to technical staff at various levels. There shall be a system so that a technical person receives adequate training in the operation of a new analytical equipment and performance of a new test before he / she is assigned to such work.

(C) Collection Centre :

A blood collection center should be manned by an MBBS. The qualification of technician is as mentioned in (B) above. The collection center should have an adequate waiting space and a room having at least 80 sq. ft. floor area. **No collection center should be operated by any pathological laboratory in any medicine shop.** If any laboratory is found to operate through a medicine shop the authority may cancel the license of such laboratory.

(D) Laboratory Specification :

Small: Routine Clinical Procedures e.g. Hb, TC, DC, ESR, BT, CT, PT, Routine examination of stool, urine, sugar (blood and urine), urea, cholesterol.

Medium: As above + Special tests e.g. LFT, Lipid profile, Renal Function, Cardiac Function, Common Hormone Assay: T3, T4, TSH, Prolactin, 17 ketosteroids, Urine and blood culture, Elisa Test, Use of Semi Auto Analyser & Electrolytes estimation.

Large: As above and others.

Laboratories doing investigations by radio-immunoassay technique need clearance from the BARC.

E. FOR RADIOLOGY AND IMAGING :

(I) The role of radiology department shall be radio diagnostic and radiotherapy; hence it shall be under properly qualified person/s to conduct the radio diagnosis or radiotherapy, as the case may be.

(II) The Radio diagnostic units generally deal with Radiography, Ultrasonography (USG), Nuclear medicine, and Computed Axial Tomography Scanner(CT Scan), Magnetic Resonance Image(MRI) etc.

(III) The Radiotherapy units include treatment with various types of radiations ranging from superficial therapy to mega voltage therapy.

(IV) The size of the department depends on the load, the scope of work and the type of the equipment employed. However the room housing X-ray equipment must be spacious enough to permit installation, use and servicing of the equipment with safety and convenience for the operating personnel, the servicing personnel and the patients. The room size must be provided as per Annexure A of these rules for a general purpose X-Ray machine. Fluoroscopy room shall be completely cut off from direct light through provisions of air locks.

(V) The rooms housing diagnostic X-Ray units and related equipments shall be located as far away as feasible from areas of high occupancy and general traffic.

(VI) The radiography units should be operated from separate control room or behind a lead mobile protection screen of 1.5 mm lead equivalent wherever necessary.

(VII) All establishments having X-Ray and imaging facilities MUST fulfill the clauses as laid down in the SAFETY MANUAL prepared by ATOMIC ENERGY REGULATORY BOARD, Government of India.

(VIII) All establishments doing Ultrasonography via a portable machine should have license under the Act and PNDD Act. Ultrasonologists having portable machine, who have no fixed establishments should be registered under PNDD act. No Ultrasonologist should perform USG in an establishment who has no license under CE and or PNDD Act. No ultrasonologist should perform in any establishment without having license under PNDD Act.

F. FOR INDIVIDUAL CLINIC (Doctor's Chamber for any discipline) :

(I) Minimum floor space to be provided for an examination room shall have the specification as specified in Annexure 'A' of these rules.

(II) Adequate waiting space and reception area. Airy, ventilated, comfortable and well lighted. Only fees to be displayed and toilet for patients.

(III) Doctor's chamber of any registered medical practitioner inside a medicine shop is not permitted. However 6 months time, from the date of issuance of Gazette is allowed for withdrawal of such chambers. An owner may apply to the licensing authority, in case of difficulty for consideration, which will be judged on merit. The total period in any case should not exceed 12 months.

12. On receipt of the application the licensing authority shall depute any officer or officers of the State Government duly authorized by him in writing in this behalf to make an enquiry and report

as per FORM III as specified in the appendix to these rules about the eligibility of the establishment for registration and license under the Act.

13. The enquiring officer/s shall examine all portions of the premises used or proposed to be used for the clinical establishment and inspect the equipments, furniture and other accessories and enquire into the professional qualifications of the technical staff employed or to be employed and shall make such other enquiries as he/they considered necessary to verify the statements made in the application for registration and grant of license.

14. All persons connected with the running of the establishment shall be bound to supply full and correct information to the enquiring officer/s.

15. (a) The licensing authority may register the applicant and grant a license under the act for the establishment if satisfied on the report of the enquiring officer/s that all the conditions are fulfilled.

All new Clinical Establishment should be inspected normally within 60 days of application. All objections, after inspection of the new establishment, should be communicated in writing to the new applicant and 30 days time will be given to the establishment to correct minor deficiencies and in case of major 180 days. The Clinical Establishment will not function in the meantime. In case of old establishments one year time will be given to correct structural deficiencies, if any on receipt of a declaration from the licensee. In case of failure to meet the deficiencies in old and new establishments the application shall deemed to be rejected and the cause will be written in register as prescribed in the rules.

(b) After receiving application from a new establishment or for installation of a new equipment (except individual clinic) the Clinical Establishment should be inspected within 60 days of application. Meanwhile the clinical establishment or the machinery should not function. The Clinical establishment should not advertise through print or any other media without obtaining a valid license. If the inspection could not be done within 90 days then the clinical establishment or the machinery will automatically get the license if all other criteria are fulfilled.

16. Any applicant aggrieved by the rejection of an application for registration and license may appeal for reconsideration of registration and license to the Secretary, Department of Health and Family Welfare, Government of West Bengal, Writers' Buildings, Kolkata-1 in case of Kolkata and to the Chairman District Health & FW Samity in case of a district, within 30 days from the date of rejection of such application, in the form of a memorandum, setting forth the relevant facts of the case along with the copy of information provided to the applicant by the licensing authority towards correction of the anomalies detected during inspection or processing the case. The appellant may represent his case before the appellate authority either by himself or herself or through a duly authorized agent or legal practitioner. The appellate authority shall inform the appellant of the date when the appeal will be heard and may call for any information or require the production of any document which may deem necessary for the disposal of the appeal.

17. Every license granted under the Act shall be in FORM IV as specified in the appendix of these rules and on the terms indicated on the backside of the license.

18. A keeper of the clinical establishment shall keep the following registers of the patients received or accommodated or both at the clinical establishment as an outdoor or indoor patient namely: -

- (a) Register of admission and discharge/death of the patient.
- (b) Register of expenditure incurred by the patients for treatment in the clinical establishment.
- (c) Records of treatment.

These registers shall be entered fully, chronologically and legibly. The formats of the "Register of admission and discharge/death of the patients" and the "Register of expenditure incurred by the patients for treatment in the clinical establishment" have been shown in FORM V and FORM VI respectively as specified in the appendix to these rules. Copies of which shall be kept in the record

room of the clinical establishment concerned as stated in sub-rule VII of rule 11 under the heading "A. GENERAL (For all Clinical Establishments)" of these rules for three years or in the event of any proceeding till the final disposal of the proceeding. The information in this regard should be supplied to the licensing authority, as and when required.

19. The keeper of the clinical establishment other than a clinical laboratory shall -

(i) Within 24 hours of the death at the establishment of any patient or a child born to a patient, send to the local registrar of births and deaths, in this behalf a notice in writing by registered post or through a messenger stating-

(a) The date and hour of birth;

(b) The date and hour of death and;

(c) If a medical certificate of the cause of death has been signed by a registered medical practitioner- the name and registration number of such medical practitioner, or,

(d) If such certificate has not been given or obtained, the cause of death to the best of knowledge.

(ii) If an inquest is held in respect of any such death, send within 24 hours of the conclusion thereof to such authority or authorities as may be prescribed by the Director of Health Services, West Bengal in this behalf a notice in writing by registered post, or in an equally suitable manner, stating the date of inquest and the cause of death as found by the Coroner or Jury thereat.

20. The keeper of every clinical establishment shall maintain a bound **Inspection book** and a **Complain Register (for the patients and their party)**, which shall be produced before the inspecting officer/s as and when required.

21. The keeper of every clinical establishment shall furnish to the licensing authority a copy of **Compiled Yearly Report** on the working of the establishment on and before 1st April each year in Form: VII, as specified in the appendix of these rules by registered post or through a messenger.

22. Any officer authorised under sub-section (1) of section 6 of the Act may enter any establishment and inspect any document subject to the following Regulations namely :

REGULATIONS :

(i) The officer authorised under sub-section (1) of section 6 of the Act may enter with or without notice, any premises licensed for Physical therapy or Maternity home, or Nursing home admitting general and or maternity cases at any time of the day and night, and, any premises licensed for other kinds of clinical establishments during working hours, and may examine all portions of the said premises and may make such enquiries and require production of such papers or documents as may consider necessary, for the purpose of ascertaining, whether the provisions of the Act and the rules thereunder are being properly complied within the establishment.

(ii) The officer authorised under sub-section (1) of section 6 of the Act, may call upon the **Officer-in-Charge of a police station** for rendering such assistance as may be necessary for proper discharge of his duties.

(iii) It shall be obligatory on the part of a licensee of a clinical establishment to inform to the nearest police station about all suspicious cases of injury and medico legal cases treated in the clinical establishment.

(iv) If any licensee desires to close down the clinical establishment, which was running under the West Bengal Clinical Establishments Act, 1950, at any time before expiry of the license, or on the expiry of the license, he shall send a closure notice in writing by registered post or through a messenger to the licensing authority, at least one month before the date of such closure. The licensee shall also surrender the license to the licensing authority immediately after closure of the clinical establishment.

(v) All emergency patients attending a clinical establishment, wherever registered medical practitioner/s are engaged, must be attended primarily without considering the financial capability

of the patient to save the life, and then, may be referred with suitable medical report about the ailments, as early as possible to the nearest Government hospital if necessary. It is also the responsibility of the patient or his party to pay all the dues before being released from the clinical establishment.

(vi) No clinical establishment either Curative or diagnostic shall refuse the treatment or investigation of patient suffering from HIV or AIDS. No clinical establishment shall undertake test to identify the sero-positive status of any person relating to HIV if it does not have a Voluntary Testing and Counseling Centre. Cases which need further investigation should be referred to the nearest VTCC.

(vii) All clinical establishments should report Family Welfare cases i.e. tubectomy, vasectomy, Oral Pill users and other users of contraceptive methods, Immunization Program and Acute Flaccid Paralysis cases monthly to the respective Deputy CMOH III in district and District Family Welfare Officer in case of Kolkata. All malaria cases detected in the laboratory and or treated in clinical establishment to be reported to Deputy CMOH II in case of a district and to Kolkata Metropolitan Urban Health Organization (KMUHO) in case of Kolkata.

(viii) All clinical establishments performing medical termination of pregnancy (MTP) should submit monthly report in proper form under MTP Act to the State Family Welfare Officer : West Bengal with a copy to the Chief Medical Officer of Health in the districts.

(ix) A report in the form of hospital statistics will have to be submitted month-wise to the Director, State Bureau of Health Intelligence as per prescribed Form of that bureau by the licensee of the clinical establishment in case of Kolkata and to the District Inspector of Health Statistics under Deputy Chief Medical Officer of Health - II in case of a district as a part of health intelligence of the state.

(x) Every person keeping or carrying on a clinical establishment, shall submit an immediate report to the Authority for receiving such report, as mentioned below under intimation to the licensing authority, as soon as it comes to the notice, that any person who has been attended as an outdoor patient or been admitted as an indoor patient in the clinical establishment is suffering from any notifiable disease, and the establishment shall be placed under quarantine immediately, and the premises of the establishment shall be disinfected in a proper manner.

AUTHORITY FOR RECEIVING THE REPORTS OF NOTIFIABLE DISEASES FROM THE CLINICAL ESTABLISHMENTS

(a) Within Kolkata— Chief Municipal Health Officer, Kolkata Municipal Corporation.

(b) Outside Kolkata— Where Municipalities exist—Municipal Health Officer, Chairman, Administrator or Executive Officer of the municipality as the case may be.

(c) In other areas— The Chief Medical Officer of Health or The Deputy Chief Medical Officer of Health-II of the district.

23. Every licensee shall :

(a) cause any child born therein to be vaccinated within 3 days from the date of birth or before the discharge whichever is earlier unless the medical superintendent, medical officer or the medical authority in-Charge of the clinical establishment is of opine that the child is not in a fit state of health to be vaccinated which shall be mentioned clearly in the discharge certificate;

(b) cause every admitted patient to be vaccinated therein or re-vaccinated, unless such patient has been vaccinated or re-vaccinated as required under the West Bengal Vaccination Act, 1973.

24. The number of acceptable technical and non-technical staff to provide round the clock care to the admitted patients of clinical establishments having indoor facility must be appointed as per table below :

TABLE

FOR MINIMUM NUMBER OF STAFF TO BE APPOINTED FOR INDOOR TO PROVIDE ROUND THE CLOCK CARE TO THE ADMITTED PATIENTS

SL. No.	CATEGORY OF STAFF	FOR HOW MANY PATIENTS	NUMBER TO BE PROVIDED
1.	Residential Medical Officer	20 patients or its part	1
2.	Registered Nurses or Midwives	5 patients or its part	1
3.	General Duty Attendant	5 patients or its part	1
4.	Sweeper	8 patients or its part	1

Explanation : Registered Midwives may be appointed for maternity homes or for maternity cases. Nothing in this rules will be applicable to the establishments having license under the Indian Lunacy Act, 1912 and under the Lepers Act 1898.

ANNEXURE A

SOME ACCEPTABLE NORMS
(TO BE MAINTAINED BY THE CLINICAL ESTABLISHMENTS)

TABLE 1

CATEGORIES OF HOSPITALS WHEN DESIGNED

Category A	25 to 50 Beds
Category B	51 to 100 Beds
Category C	101 to 300 Beds
Category D	301 to 500 Beds
Category E	501 to 750 Beds

TABLE 2
ACCEPTABLE NUMBER OF SOME ITEMS TO BE PROVIDED IN INDOORS OF CLINICAL ESTABLISHMENTS (AS THE CASE MAY BE)

SL. NO.	ITEMS		NUMBERS TO BE PROVIDED	
1	Maximum no of beds in a ward		24 to 36 beds	
2	Maximum no of beds in a cubicle		1	
3	Maximum no of beds in a cabin		1	
4	Separate Toilet (with wash basin, baths, ablution taps and water-closet) with a Cabin or Isolation room		1	
5	Indoor and Cubicles	Water-closet (some may be of European style)	For every 8 male beds or part there of	1
			For every 6 female beds or part there of	1
		Ablution taps	For water closet	1
			Water tap with draining arrangements in the vicinity of water closet	1
		Urinals	For every 12 male beds or part there of	1
		Wash basins	For every 12 beds or part there of	1
		Baths	Bath with shower for every 12 beds or part there of	1
		Bed pan washing sinks	In dirty utility and sluice room of the ward or cubicles	1
		Cleaner's sinks and sinks/slab for cleaning mackintosh	In dirty utility and sluice room of the ward or cubicles	1
Kitchen sinks and dishwashers	In ward pantry or pantry for the cubicles	1		

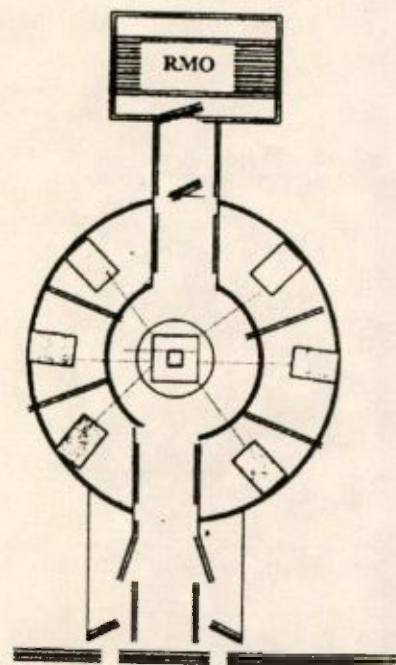
TABLE 3
ACCEPTABLE NUMBER OF SOME SANITARY FITMENTS TO BE PROVIDED ITEMWISE IN OUTDOORS OF CLINICAL ESTABLISHMENTS

SL. NO.	ITEMS		NUMBERS TO BE PROVIDED
1	*Water-closets	For Males	For every 40 persons or part there of 1
		For Females	For every 50 persons or part there of 2
2	Ablution taps	For Males	In each water closet 1
			In the vicinity of water closet & urinals 1
		For Females	In each water closet 1
			In the vicinity of water closet 1
3	Urinals	For Males	For every 25 persons or part there of 1
		For Females	For every 25 persons or part there of 1
4 and 5	Wash basins & drinking water fountains	For Males	For every 50 persons or part there of 1
		For Females	For every 50 persons or part there of 1
*Some of the Water closets may be of European style, if desired.			

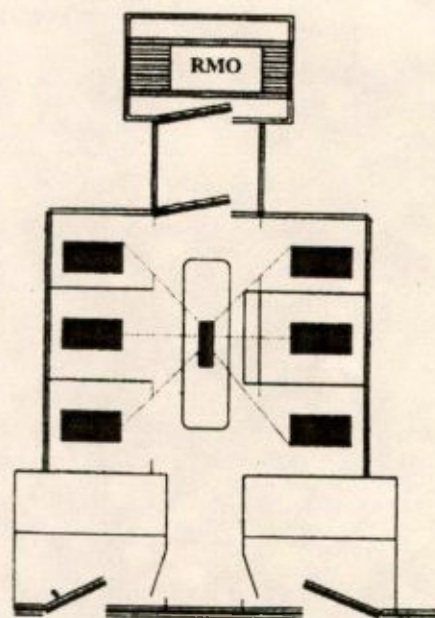
TABLE 4
SOME ACCEPTABLE MEASUREMENTS TO BE PROVIDED ITEMWISE IN INDOORS, OUTDOORS
AND OTHER DEPARTMENTS OF CLINICAL ESTABLISHMENTS (AS THE CASE MAY BE)

	For old establishments	For new establishments
Minimum floor space/ bed in ward	65 sq.ft. in a ward accomodating not less than 4 patients	65 sq.ft. in a ward accomodating not less than 4 patients.
Cabin (Toilet should be attached)	114 sq.ft.	151 sq.ft.
Cubicle	87 sq.ft.	114 sq.ft.
Minimum distance between center of 2 beds	5ft.	6 ft.
Minimum clearance between bed & wall (in inches)	7.8"	7.8"
Minimum width of a door in a ward	2.6 ft.	3 ft.
Minimum area to be provided for a toilet	30 sq.ft.	36 sq.ft.
Minimum area for Emergency OT	160 sq.ft.	200 sq.ft.
Minimum area for operation theatre upto 10 beds or minor OT	140 sq.ft.	160 sq.ft.
>10 - 30 beds	160 sq.ft.	200 sq.ft.
>30 beds	200sq.ft.	300 sq.ft.
Minimum area for instrument sterilization	35 sq.ft.	50 sq.ft.
Minimum area for scrub up	25 sq.ft.	25 sq.ft.
Minimum area for dirty wash	25 sq.ft.	25 sq.ft.
Minimum area for pantry	35 sq.ft.	80 sq.ft.
Minimum area for Observation room with 1 bed	As above for 1 bed in ward	As above for 1 bed in ward
Minimum area for nursing station.	36 sq.ft. (without toilet)	120 sq.ft. (with toilet)
Minimum area for RMO's room	36 sq.ft. (without toilet)	120 sq.ft. (with toilet)
Dental / Eye / ENT clinic with equipments	100 sq.ft.	140 sq.ft.
Delivery room	80 sq.ft.	120 sq.ft.
Minimum. area for X Ray with dark room facility	269 sq.ft.	269 sq.ft.
Minimum area for USG or TMT	113 sq.ft.	113 sq.ft.
Minimum area for a laboratory: Small	100 sq.ft. + 40 sq.ft.*	120 sq.ft. + 40 sq.ft.*
: Medium	140 sq.ft. + 60 sq.ft.*	160 sq.ft. + 60 sq.ft.*
: Large	210 sq.ft. + 72 sq.ft.*	210 sq.ft. + 72 sq.ft.*
Minimum area for ECG	80 sq.ft.	80 sq.ft.
Minimum area for examination room	80 sq.ft.	100 sq.ft.
Minimum area for a Physiotherapy unit with equipments	120 sq.ft.	160 sq.ft.

* Waiting Space



Circular pattern with all patients
Equidistant from the nurse



Central nursing station with beds
on each side

Medical Team			Nursing Team (Registered nurse 1 per 4 patients)		Support groups
Cardiologist/Anaesthesiologist/24 hours RMO (1per 10 patients)			Name in full	Address	1. 24 hours' sweeper 2. Electrician on call 3. Maintenance contract with <input type="checkbox"/> AC repairings <input type="checkbox"/> Medical instruments company 4. Referral facility. 5. ICCU Technician
Name in full	Registration No.	Faculty of Registration	Registration No	Faculty of registration	
Address	Yrs. of ICCU experience	Qualification	Yrs of ICCU experience	Qualification	
GDA	2/bed in each shift.	Name in full	Qualification		

Minimum requirements for 8-bedded ICCU / ITU / ICU

1. Floor space : 120 sq. ft. / bed.
2. Light : must be adequate.
3. Oxygen supply : Piped oxygen (for new) / one oxygen cylinder per bed + 2 stand by(old)
4. Suction machine : 2 in number
5. Wash basin
6. Exhaust pipe
7. Eight-point electric switchboard
8. Division into cubicles
9. Storage space for equipment / drugs
10. Room temperature 21 deg C (for adult), 24 deg C (for child)
11. Continuous bedside monitoring (ECG, BP, SPO₂)
12. Central monitor.
13. Ventilator : one / Ambu bag with intubation facilities
14. Defibrillator : one
15. Facility for temp pacing (2/Temp pulse generators).
16. GDA (M+F) 2 per bed in each shift. 3 in 6 bedded ICCU
17. Back-up Laboratory facility (electrolyte and blood gas Analyser)
18. Referral facility.
19. Access to toilet directly.
20. Outlet 30" above the floor
21. No separate charges can be taken for oxygen, continuous monitoring, RMO, Nursing Staff, Pulse Oxymeter for treatment facilities in ICCU

APPENDIX
FORM NO. I

FORM OF REGISTER OF REGISTERED CLINICAL ESTABLISHMENTS

(Vide rule 3)

Serial No.

Name

Applicant	Name		
	Profession		
	Address		
Establishments	Name		
	Category		
	Address		
	No. of Bed		
Employee	Total Number		
	Category	Clinical	
		Nonclinical	
Date of	of first entry into the register		
	Issue of license		
	Renewal of	Registration	
		Licence	
Remarks	Notes		
	Cancellation of	Registration	
		Licence	
Seen and signed by	Kolkata	Health Secretary	
		DDHS (Admin)	
	District	Chairman DHC	
		CMOH	

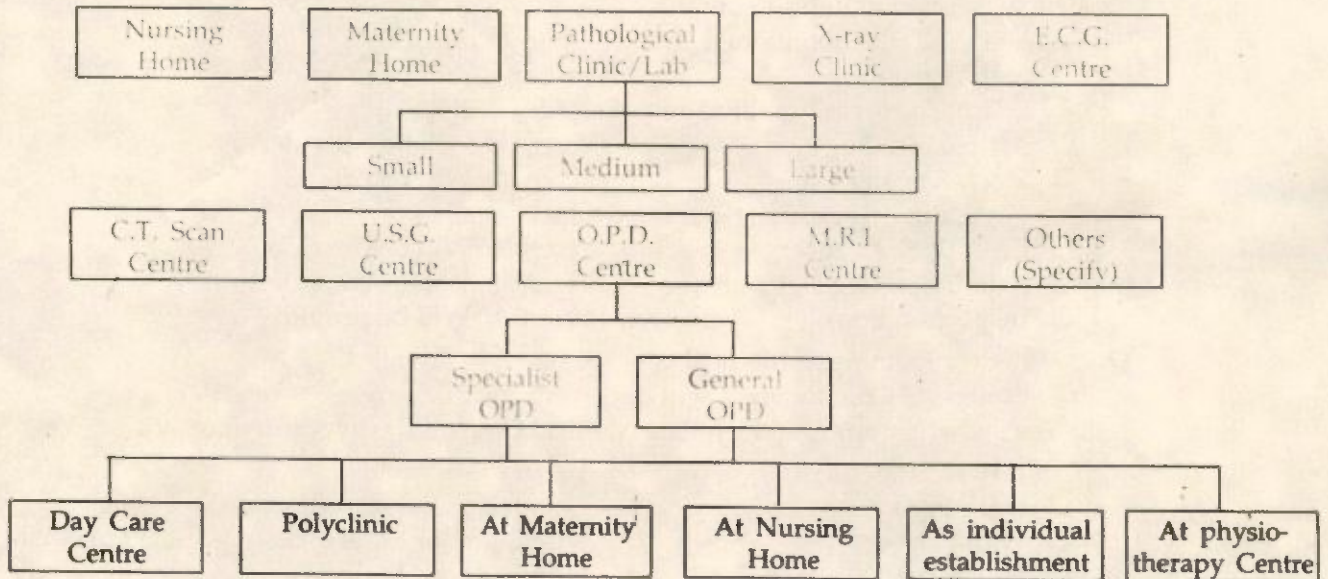
FORM NO. II

FORM OF APPLICATION FOR REGISTRATION AND LICENCE

(Vide rule 8)

1. Name of establishment :
2. Address of establishment with PO & PS :
3. Phone No :
4. Whether new or old for renewal : New Old
5. Name of the Applicant :
(Person directly responsible for the management of the clinical establishments)
6. Address of the Applicant :
7. Phone No :
8. Nature of firm : Ownership/ Partnership/ Registered company/ Voluntary Organisation/ Society / Body (Please tick)

Type of establishment : (Please tick) See form IV for others



9. Date of establishment of centre, if already started :
10. Trade Licence :
 - Name of Authority :
 - Licence No. :
 - Date of Issue :
11. C.E.Licence : (Applied For New /Renewal)
 - Challan No. : _____
 - Date : _____
 - Rs. : _____
12. Clearance from Pollution Control Board : Yes / No/ Applied for
13. Clinical Waste Disposal Licence : (from Panchayat/Municipality/Municipal Corporation) :
Yes / No /Applied for

14. Premises :

- Whether construction approved by authority ? Yes / No
- Whether owned by the owner : Yes / No (submit a copy of the deed ,if yes)
- Whether rented : Yes / No (submit upto-date rent receipt,if yes)
- Whether leased : Yes / No (submit Lease-deed with N.O.C)
- Reception Counter : Yes / No
- Waiting room : Yes / No
- Record room : Yes / No
- Ventilation : Whether sufficient ?
- Lighting : Whether sufficient ?
- Drinking Water Supply :
 - ❖ Source : Piped Water Supply / Underground / Others
 - ❖ Quantity : Adequate / Inadequate
 - ❖ Quality : Satisfactory / Unsatisfactory
- Cooling arrangement : Provided / Not provided

15. Exemptions granted from :

- Customs Duty : Yes / No / Applied for (if ' yes' ,then)
 - ❖ Whether free treatment facilities @ 40% in OPD and 10% in IPD : Yes / No
 - ❖ Monthly Report Submitted : Yes / No
- Application Fees u/s 4 (i) of the Act : Yes / No / Applied for (if 'yes' , then)
 - ❖ Whether free treatment facilities @ 40% in OPD and 10% in IPD : Yes / No
 - ❖ Monthly Report submitted : Yes / No

16. Registers : (To be maintained)

- Staff register : Present / Will be provided
(Name/address/qualification of all)
- Attendance Register : Present / Will be provided
- Stock Register : Present / Will be provided
(including stock of life -saving drugs)
- Cash Book Register : Present / Will be provided
- Admission Register : Present / Will be provided
- Inspection Book : Present / Will be provided

17. Whether Training of Medical

Or Paramedical Courses are / will be given : Yes/No
If 'Yes', whether approved by State Medical Council / Government of WB ? Yes/No

18. Sanitary Arrangement :

- Drainage system : Covered / Uncovered
- Water closets : Number : For Male For Female
- Lavatory : Number : For Male For Female
- System of garbage disposal : Own arrangement / Others (specify)

19. Electric Supply : Source : Generator / Government Supply / Both

20. In case of Nursing Home / Maternity Centre / Physical Therapy Centre :

- Total No. of Beds :
- Number of Cabins : Space for each patient : sq.ft.
- Numbers of Cubicle : Space for each patient : sq.ft.
- Numbers of Ward : Space for each patient : sq.ft.
- Numbers of beds in : Space for each patient : sq.ft.

ICCU/ITU/RCU/NCU/
Dialysis unit

21. Staff :

Total No. of Staff :

No. of Permanent Staff : No. of Temporary Staff

In case of Nursing Home / Maternity Home, furnish the following :

Category of Staff	Name	Qualification	Registration No.	Name of the faculty	Nature of Service (Temp/Perm.)	Appointment letter (Yes/No)	Joining letters (Y/N)
Office Staff							
R.M.O							
Nursing Staff							
Matron							
Female attendant							
Group D staff							
Other Staff							

(Separate sheet to be attached along with attested copies of appointment letters and joining letters)

In case of Physiotherapy Centre, submit the following :

Category	Name	Qualification	Registration No.	Faculty	Service Temp/Parmanent	Appoint. letter submitted (Yes / No)	Joining letter submitted (Yes/No)
M.O							
Physiotherapist							
Female attendant							
Other staff							

(Separate sheet to be attached with attested copies of appointment letters and joining letters)

In case of Pathological Laboratory Centre /X-ray Clinic / ECG Centre/EEG Centre / CT Scan Centre/ USG Centre/MRI Centre /Others (tick the centres), submit the following :

Category	Name	Qualification	Registration No.	Faculty of registration	Appointment letter submitted (Yes / No)	Joining letter submitted (Yes / No)
M.O						
Lab Technician						
Female attendant						
Group D Staff						
Other staff						

(Separate sheet to be attached with attested copies of appointment letters and joining letters .Skip the column or columns which is/are not applicable particularly in case of female attendant and group D staff)

16. Registers :
- Staff register : Present / Not Present
: Name/address/qualification of all Yes / No
 - Attendance Register : Present / Not Present
 - Stock Register : Present / Not Present
 - ❖ Stock of life-saving drugs : Present / Not Present
 - Cash Book Register : Present / Not Present
 - Admission Register : Present / Not Present
 - Inspection Book : Present / Not Present
17. Whether Training of Medical / Paramedical Courses given : Yes/No
If 'Yes', whether approved by State Medical Council / Government of West Bengal ? Yes/No
18. Display of Rate Charges : Yes / No
- Doctor's Charges : Yes / No
 - Bed Charges : Yes / No
 - OT Charges : Yes / No
 - Investigation Charges : Yes / No
 - Service Charges : Yes / No
19. Operation Theatre :
- Total O.T.Space : sq.ft.
 - Equipment : Adequate / Inadequate
 - Shadow-less Light : Present / Absent
Working / Non-working
 - Boyles Apparatus : Present / Absent
Working / Non-working
 - Anaesthetist : Name :
Registration no. :
Qualification :
 - Autoclave : Present / Absent
Working / Non-working
20. In case of Maternity Home :
- Labour room space : sq.ft.
 - Equipments : Adequate / Inadequate
 - Sucker Machine : Present / Absent
Working / Non-working
21. Diagnostic Centre :
- (a) Laboratory sq. ft.
 - (b) X-Ray sq.ft.
 - (c) USG sq. ft.
 - (d) CT Scan sq.ft.
 - (e) Pathologist Room : Yes / No
 - (f) Sample Collection Area : Yes / No
 - (g) PNDT License : Yes / No
 - (h) BARC Clearance : Yes / No
22. Sanitary Arrangement :
- Drainage system : Satisfactory / Unsatisfactory
 - Water closets : Present / Absent
Satisfactory / Unsatisfactory
 - Lavatory : Number :
Separate for male and female : Yes / No
Clean / Dirty
 - System of garbage disposal : Satisfactory / Unsatisfactory
 - Kitchen : Satisfactory / Unsatisfactory / No Diet
23. Electric Supply : Satisfactory / Unsatisfactory
Generator : Present / Absent
24. In case of Nursing Home / Maternity Centre / Physical Therapy Centre :
- Total No. of Beds :
 - Number of Cabins : Space for each patient : sq.ft.
 - Numbers of Cubicle : Space for each patient : sq.ft.
 - Numbers of Ward : Space for each patient : sq.ft.
 - Numbers of beds : Space for each patient : sq.ft.
In ICCU / ITU / RCU/
NRCU / Dialysis

25. In case of Nursing Home /Maternity Home, furnishes the following :

Category of Staff	Name	Qualifications	Registration No.	Name of the faculty	Nature of Service (Temporary/ Permanent)	Appointment letter (Yes/No)	Joining letters (Y/N)
R.M.O							
Nursing Staff							
Matron							
Female attendant							
Group 'D' staff							
Total No. of staff							

(Separate sheet to be attached along with attested copies of appointment letters and joining letters)

26 A. In case of Physical Therapy Centre, submit the following :

Category	Name	Qualifications.	Registration No.	Faculty	Service Temporary/ Permanent	Appointment letter submitted. (Yes / No)	Joining letter submitted (Yes / No)
M.O							
Physiotherapist							
Female attendant							
No. of staff							

(Separate sheet to be attached with attested copies of appointment letters and joining letters)

B. In case of Pathological Laboratory Centre / X-ray Clinic / ECG Centre / EEG Centre / CT Scan Centre / USG Centre/MRI Centre / Others (tick the centres), submit the following :

Category	Name	Qualifications.	Registration No.	Faculty of registration.	Appointment letter submitted. (Yes / No)	Joining letter submitted. (Yes / No)
M.O						
Lab Technician.						
Female attendant						
Group 'D' Staff.						
No. of staff.						

(Separate sheet to be attached with attested copies of appointment letters and joining letters .Skip the column or columns which is/are not applicable particularly in case of female attendant and group D staff)

27. Remarks of Enquiry Officer:

28.

RECOMMENDED

NOT RECOMMENDED
(Give reasons)

29. Date of Inspection :

Counter-signature of
Licensing Authority.

Signature of the Enquiry Officer,
Official Designation.

FORM NO. IV
LICENCE UNDER THE WEST BENGAL CLINICAL ESTABLISHMENTS ACT 1950
(Vide rule 17)

LICENCE NO. :
DATE :



Last Date of Application for
Renewal :
Valid upto :
Period of Irregular running :

Licence is hereby granted to
of

under the West Bengal Clinical Establishments Acts 1950 to keep or carry on the Clinical Establishments under the heading(s) subject to terms as
printed in back-page :

Headings :

Establishment is popularly styled as :

At an address :

Subject to terms as printed in back-page.

Place :
Date :

Signature of the Licensing Authority
Office Seal with designation

- A. Headings :**
1. Nursing Home
 - Indoor
 2. Maternity Home
 - Indoor
 3. ICU/ITU/RCU/NCU/Dialysis
 4. Physical Therapy Centre
 - Indoor
 - Outdoor
 5. Pathological Laboratory
 - (a) Small
 - (b) Medium
 - (c) Large
 - (d) Collection Centre
 6. Imaging & X-Ray
 - (a) X-Ray
 - (b) CAT Scan
 - (c) MRI
 - (d) USG
 - (e) ECHO
 - (f) Color Doppler
 7. Others.
 - (a) ECG (b) EMG
 - (c) EEG (d) Scopy Procedure
 - (e) TMT (f) Holter (g) Angiography
 8. Day Care Centre
 9. Poly Clinic / OPD Clinics
 - (a) Specialist, (b) General
 10. Individual Clinic:
 - Modern Medicine / Dental / Ayurvedic / Hmoeo / Unani / Acupuncture
 - Graduate
 - Post-Graduate
 11. Specialty Clinic:
 - (a) Surgery / Eye / ENT / Orthopedics / Cardio-thoracic / Plastic surgery
 - (b) Medicine/Pediatrics (Surgery / Medicine) / Cardiology / Edocrinology
 - (c) Gynaecology and Ostetrics
 - (d) Neurology / Skin / Dental
 - (e) Other discipline
- B. Terms :**
1. The License is not transferable. The Clinical Establishment shall at all times be open for inspection by such officer(s) of the State Government as are duly authorised in this behalf by the Licensing Authority.
 2. The Licensee shall confirm such conditions as are prescribed in Rule 11 for this particular type of category of Establishment.
 3. The Clinical Establishment shall not be used for immoral purpose or for purpose which are improper or undesirable in the case of such establishment.
 4. The Licensee shall maintain proper records of persons received or accommodated or both of births, deaths and miscarriages therein. In case of births and deaths, the Licensee shall give intimation to the local Registrar of births and deaths.
 5. The Licensee shall furnish to the Licensing Authority a copy of the yearly reports on the working of the establishments (in the prescribed Form no VII as shown in the rule 21) on or before 1st April each year by Registered Post or in an equally suitable manner.
 6. It is obligatory on the part of the Licensee to inform the nearest Police Stations about all suspicious cases of injuries and medico-legal cases treated in the establishments.
 7. If any notifiable disease occurs in the establishments, the Licensee shall immediately notify the matter to the local Health Authority under intimation to the Licensing Authority. The patient should also be isolated and the establishment shall be placed under quarantine immediately.
 8. The Licensee shall send intimation to the Licensing Authority about closure of the establishment at least one month before the closing date. The Licensee must be surrendered to the Licensing Authority immediately after closure of the establishment.

FORM NO. V
REGISTER OF ADMISSION AND DISCHARGE / DEATH OF THE PATIENTS
(Vide rule 18)

Name & Address of Establishment

--

1. (a) Reference Number of the patient :
- (b) Brought by whom with his address
- (c) Referred by (Name & Address)
2. (a) Name of the Patient
- (b) Age (c). Sex (d). Religion (e) Nationality.....
3. Address of the patient (including Police Station, Post Office & Telephone No.)

4. (a) Date of first attendance for treatment
- (b) Date and Time of admission
- (c) Date and Time of discharge
- (d) Date and Time of Death
5. In case of delivery of the patients :
 (a) Date & Time of Delivery
- (b) No. of newborn infant
- (c) Weight of baby
- (d) Sex of the baby
- (e) Live or still birth
- (f) Date and Time of miscarriage, if any
- (g) Baby vaccinated (BCG/OPV) ?
- (h) Mother completely immunised?(Yes/No)
- (i) Method of Delivery : Normal / Forceps / Caesarian Section.
- (j) Name(s) of conducting Doctor(s) with Qualification and registration No.
- k) Names of Nurses / Midwives assisting delivery (with Qualification and Registration No.)

6. Particulars of doctor(s) attended the patient :

Name in full	Address	Qualification	Registration No.

7. Clinical Diagnosis :
 [A case records of each patient (and any child born to the patient) where all details of illness and treatment shall be entered.]

8. In case of Death of a patient or Birth of a child, whether necessary intimation has been sent to appropriate authority or not. (YES / NO)

Signature of the Licensee with date	Signature of the RMO with date	Signature of attending doctor with date

FORM NO. VI

REGISTER OF EXPENDITURE INCURRED BY A PATIENT FOR TREATMENT IN THE
CLINICAL ESTABLISHMENT
(Vide rule 18)

Name and address of the Establishment :

--

1. (a). Name of the Patient :
 (b). Address of the Patient
 (c). Age : (d.) Sex : Religion : Nationality.....
2. (a) Duration of treatment as an out-door patient in the clinical establishment :
3. Type of Accommodation provided to a patient :

Item	Cabin	Cubicle	Paying Bed in ward
Bed No.			
Rate per day			

4. Total Accommodation Charges . Rs.

5. Charges received from patient :

Sl.No	Item	Total Charges received
1.	Registration Charges	
2.	Consultation Charges	
3.	Investigation Charges	
4.	OT Charges	
5.	Operation Charges	
6.	Anaesthesia Charges	
7.	Delivery Charges	
8.	Service Charges	
9.	Dietician Charges	
10.	Diet Charges	
11.	Medicine Cost	
12.	Special Nurse Charges	
13.	Special Attendant Charges	
14.	Other Charges, if any (specify)	
Total Amount		

6. Signature with date :

Patient / Party	RMO	Licensee
-----------------	-----	----------

FORM NO. VII

(To be submitted to the Licensing Authority on and before 1st April of each year.)

(Vide Rule 21)

- 1) Name and address of the establishment :
- 2) Name of Licensee :
- 3) License Number :
- 4) No. of Patients treated in-door (1st April-31st March) :
- 5) No. of Patients treated at OPD (1st April -31st March) :
- 6) No. of patients undergoing investigations :
- 7) No. of patients operated :
- 8) Total Charges received from the patient :
 - a) Registration Charges :
 - b) Consultation Charges :
 - c) Investigation Charges :
 - d) OT Charges :
 - e) Operation Charges :
 - f) Anesthetic Charges :
 - g) Delivery Charges :
 - h) Service Charges :
 - i) Diet Charges :
 - j) Dietician Charges :
 - k) Medicine Cost :
 - l) Special Nursing Charges :
 - m) Special Attendant Charges :
 - n) Other Charges, if any (Specify) :

TOTAL AMOUNT :

PROFORMA FOR APPLICATION FOR PERMISSION TO CARRY OUT BIO-MEDICAL RESEARCHES BY CLINICAL ESTABLISHMENTS.

1. Name of the organizations :
2. Regd. No (if a registered society / limited company) : [copy to be enclosed].
3. Trade license No : (copy to be attached).
4. Whether up to date clearance from the WB Pollution Control Board regarding disposal of Clinical / Bio-medical waste has been obtained or not? (Copy to be enclosed)
5. Whether licensed under the provision of WB CE Act & Rules?
6. Title of research project?
7. Proposed duration of the project?
8. Objectives and rationale for undertaking the investigation in the light of existing knowledge.
9. PROTOCOL (material and methods) that will be followed for the investigation.
10. Whether facilities of a biochemical / pathological lab / microbiological lab / genetic lab / exist with the investigator(s)? If so, their location to be indicated.
11. Recent curriculum vitae of all the investigators (who will be directly associated with the research work) indicating their qualification and experience.
12. A statement on probable ethical issues and steps to be taken to tackle the same. (to be furnished)
13. Procedure for seeking and obtaining informed consent with sample of patient information sheet and informed consent forms in vernacular languages and in English (to be attached).
14. In case of drug trials, state whether the drug is an approved and licensed drug, and whether the drug / chemical is indigenously made or imported.
15. Plans for statistical analysis of the study.
16. A statement on safety of the proposed intervention or the drug or chemical to be tested including results or relevant laboratory and animal research (to be attached).
17. Progress of the research projects sanctioned earlier, if any.
18. Details of funding agency / sponsors and fund allocation for the proposed work.
19. DECLARATION :

I / We declare that the above information are true to the best of my knowledge and belief. I / We shall be bound to supply any other relevant information time to time if so requested by the authority concerned.

I / We agree to comply with national / international GCP Protocols for clinical trials.

I / We shall bring the matter for attention of the authority, if any amendment of the protocol from the originally approved one is made (with proper justification) or if serious / unexpected adverse events and remedial steps are taken to tackle them.

**Signature of the Principal Investigator/ or the
Authorized person on behalf of the organization.**

Requirements for new application and renewal : (Guidelines)

- 1) Properly filled up Form II.
- 2) Plan of construction approved by Municipal / Corporation Authority (For New)
- 3) Sketch Map showing detailed position of the establishments with measurements duly certified. (For New)
- 4) Ownership deeds/ Records / Tax documents.
- 5) NOC / Current rent receipts in case of rented buildings.
- 6) Research proposal, if any.
- 7) Xerox copy of certificate of enlistment from Corporation / Municipal Authority / Panchayat or application in case of new.
- 8) Clinical Waste Disposal licence or Xerox copy of application in a new case.
- 9) Xerox copy of permission of Pollution Control Board, or Xerox copy of application in a new case.
- 10) Appointment and acceptance letter of staff.
- 11) Xerox copy of qualification certificate.
- 12) NOC from the head of the institution in case employment in Govt. Service
- 13) Original Copy of Licence (renewal case)
- 14) Proposed rate chart.
- 15) Registration fees duly deposited in TR form no. 7
- 16) Forwarding letter to the licencing authority.

GUIDELINES FOR AFFIDAVIT(FOR RENEWAL OF LICENSE)

The licensee of the Clinical Establishment must submit an undertaking in the form of an Affidavit sworn by him /her / them / before the licensing authority to the effect that the statements / particulars furnished by him / her / them for renewal of license in Form II has been made correctly and that he / she / them would make himself / herself / themselves liable for appropriate legal action including cancellation of license / licenses in case any of the statements / particulars furnished by him/ her/ them are found false / incorrect thereof subsequently on inspection by the authorized representative of the licensing authority . I / we undertake to correct deficiencies, if any, as per CE Rules .The affidavit should be submitted on requisite stamp paper.

By order of the Governor,

Asim Burman,
Principal Secretary to the Govt. of West Bengal.

**Minutes of the meeting dt. 18.04.2013 on
(1) Survey of Manual Scavenger, (2) Prevention & Control of Dengue /
Chikunguniya in the Municipal Areas**

The list of Participants is enclosed.

The meeting was chaired by the Secretary, Department of Municipal Affairs. At the outset, the status on Survey of Manual Scavenger

Thereafter, a status on the activities relating to Prevention & Control of Dengue / Chikunguniya as envisaged in the minutes of the previous meeting held on 12.02.2013 was narrated as under :

- Name of the master trainers of 27 ULBs had already been forwarded by the Department of Municipal Affairs to the Department of Health & FW vide communication no. 237-MA/C-10/3S-43/2012 dt. 13.03.2013 for imparting training by DHFW, response is still awaited.
- All the 27 ULBs have submitted Micro-Plan which has been forwarded by the Department of MA to Department of Health & FW.
- Department of Municipal Affairs has already released fund for procurement of larvicide by the 126 ULBs for an amount of Rs. 239.54 lakh vide sanction order no. 457(Sanction)/MA/P/C-10/1G-4/2012 dt. 22.03.2013
- Instructions to prevent Vector Borne Diseases in Urban areas has already been issued to all the 127 ULBs by Department of Municipal Affairs vide no. 114(127)/MA/C-10/3S-43/2012 dt. 04.02.2013. Furthermore, a supplementary guidelines has been issued by the Department vide no. 366(127)/MA/C-10/3S-43/2012 dt. 12.04.2013.

Decisions taken in the meeting are as under :

- Training of master trainers of 27 ULBs may be held centrally at ILGUS in two batches in a day (preferably by 4th week of April, 2013), to be facilitated by the concerned officials of Department of Health & FW.
[Action – Department of Municipal Affairs will co-ordinate with DHFW.]
- Amongst the master trainers, one is to be identified as Nodal person by the ULB for which a letter is to be issued to the ULBs.
[Action – SUDA will issue the letter.]
- After obtaining training by master trainers, they will impart training to the team members and others concerned personnel who will be involved in house to house visit for identification of fever cases as well as those who will keep record and report to the Appropriate Authority.

Contd. to P-2.

- Micro-Plans along with cost estimation submitted by the ULBs are to be rationalized by the Health Wing, SUDA by maintaining generalized yardstick and for that purpose concerned official of Health & FW Department may be consulted, if necessary. Activity-wise cost estimate are to be forwarded to the Department of Municipal Affairs for making fund provision for the ULBs.

[Action – Project Officer, Health Wing, SUDA will contact with the respective officials of Health & FW Department.]

[Action - Health & FW Department may also be approached by the Department of Municipal Affairs for release of fund.]

- For monitoring the activities relating to prevention & control of Dengue / Chikunguniya ULB-wise, the list of monitoring officers at SUDA level has been prepared (list is enclosed at Annexure – A).
- The monitoring officers so identified will also participate in the master's training at SUDA.
- Monitoring of the activities at ULB level may be done by the District Health Officials ACMOH / Dy. CMOH II.

[Action – Department of Health & FW may be approached by Department of Municipal Affairs for issuance of instruction.]

- Recording & reporting format for identified fever cases as well as other preventive activities may be supplied by the District Health offices to the respective ULBs.
- IEC materials like leaflet etc. may be provided by Department of Health & FW through District Health Offices to the respective ULBs for maintaining uniformity of information.

The meeting ended with vote of thanks.

Secretary
Dept. of Municipal Affairs

Meeting at SUDA Conference Hall on 18.04.2013

List of participants

Sl. No.	Name	Organisation	Designation
1	Sri B.P. Gopalika	Dept. of MA	Secretary
2	Sri B.C. Patra	Dept. of MA	Jt. Secretary
3	Shri Mitra Chatterjee	Dept. of MA	Dy. Secretary
4	Sri M.N. Pradhan	SUDA	Director
5	Shri Sudip Sengupta	MED	SE
6	Shri Asim Kr. Sarkar	MED	A.C.E.(S)
7	Shri Uttam Kumar Roy	MED	SE / Planning
8	Shri Samir Kumar Sadhukhan	MED	EE Planning
9	Shri Arun Kumar Chandra	DLB	Dy. Director
10	Shri K. Goswami	SUDA	AO
11	Dr. S. Goswami	SUDA	PO
12	Dr. G. De	SUDA	APO
13	Dr. S. Basu	SUDA	APO
14	Shri D. Chowdhury	SUDA	FO
15	Dr. Sujoy Mitra	CMU	Poverty Expert
16	Shri Saikat Sengupta	CMU	Economist
17	Shri Alok Chakraborty	CMU	Consultant (P & L)
18	S.S.G. Gaus	CMU	Consultant (P & L)
19	MS Madhumita Das	CMU	Consultant (P & L)

Prevention & Control of Dengue / Chikunguniya in the Municipal Areas

List of Monitoring Officers at State Level

Sl. No.	ULB	Name of Officer	Designation	Contact No.
1	Balurghat	Shri Debasis Dam	SE, Central Circle, MED	9674233693
2	English Bazar			
3	Contai	Smt. Saheli Chowdhury	EE, East Midnapore Divn., MED	9433509495
4	Haldia			
5	Asansol MC	Shri Chandan Bose	SE (W) Circle, MED	9433027370
6	Durgapur MC			
7	Kulti			
8	Raniganj			
9	Siliguri MC	Shri Anjan Sinha	SE (N) Circle, MED	03532433954
10	Diamond Harbour	M/S Sumana Bhattacharjee	DD, DLB, HQ	9434161674
11	Kalyani			
12	Berhampur	Shri P.K. Das	DD, DLB, Murshidabad	9748063653
13	Ranaghat			
14	Bankura	Monoj Kanti Roy	DD, DLB, Burdwan	26802259
15	Kharagpur			
16	Suri			
17	Chandernagore MC	Dr. S. Goswami	PO, Health, SUDA	9831853398
18	Howrah MC			
19	Khardah	Dr. S. Basu	APO, Health, SUDA	9163928606
20	North Dum Dum			
21	Panihati			
22	South Dum Dum			
23	Uttarpara Kotrung			
24	Barasat	Dr. G. De	APO, Health, SUDA	9836383840
25	Bidhannagar			
26	Kamarhati			
27	Rajarhat Gopalpur			

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Contd. to P-2.

KOLKATA PAY & ACCOUNTS OFFICE-III
GOVERNMENT OF WEST BENGAL

A/C Payee only

Dated 16 JAN 2014

PAY STATE URBAN DEV. AGENCY

OR ORDER

RUPEES

Sixteen Crore Forty Nine Lac Two Thousand Five Hundred Only

HEAD OF ACCOUNT	HF-2210-06-800-SP 002-V-31
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Rs. 164902500.00

CAPRH004 / 28644 / 09-JAN-2014 / 056411

STATE BANK OF INDIA

BIKASH BHABAN GOC BRANCH

CODE-7816

ADDITIONAL PAY & ACCOUNTS OFFICER
KOLKATA PAY & ACCOUNTS OFFICE-III

056411 700002114

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ADDITIONAL PAY & ACCOUNTS OFFICER
KOLKATA PAY & ACCOUNTS OFFICE-III

CODE-7816

BIKASH BHABAN GOC BRANCH

STATE BANK OF INDIA

CAPRH004 / 28644 / 09-JAN-2014 / 056411

Rs. 69934500.00

HEAD OF ACCOUNT	HF-2210-06-789-SP 009-V-31
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Six Crore Ninety Nine Lac Four Thousand Five Hundred Only

RUPEES

PAY STATE URBAN DEV. AGENCY

OR ORDER

Dated 16 JAN 2014

A/C Payee only

GOVERNMENT OF WEST BENGAL

KOLKATA PAY & ACCOUNTS OFFICE-III

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AFTER THE MONTH OF ISSUE

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CURRENT FOR THREE MONTHS ONLY
AFTER THE MONTH OF ISSUE

- Micro-Plans along with cost estimation submitted by the ULBs are to be rationalized by the Health Wing, SUDA by maintaining generalized yardstick and for that purpose concerned official of Health & FW Department may be consulted, if necessary. Activity-wise cost estimate are to be forwarded to the Department of Municipal Affairs for making fund provision for the ULBs.

[Action – Project Officer, Health Wing, SUDA will contact with the respective officials of Health & FW Department.]

[Action - Health & FW Department may also be approached by the Department of Municipal Affairs for release of fund.]

- For monitoring the activities relating to prevention & control of Dengue / Chikunguniya ULB-wise, the list of monitoring officers at SUDA level has been prepared (list is enclosed at Annexure – A).
- The monitoring officers so identified will also participate in the master's training at SUDA.
- Monitoring of the activities at ULB level may be done by the District Health Officials ACMOH / Dy. CMOH II.

[Action – Department of Health & FW may be approached by Department of Municipal Affairs for issuance of instruction.]

- Recording & reporting format for identified fever cases as well as other preventive activities may be supplied by the District Health offices to the respective ULBs.
- IEC materials like leaflet etc. may be provided by Department of Health & FW through District Health Offices to the respective ULBs for maintaining uniformity of information.

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Prevention & Control of Dengue / Chikunguniya in the Municipal Areas

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6	Durgapur MC			
7	Kulti			
8	Raniganj			
9	Siliguri MC	Shri Anjan Sinha	SE (N) Circle, MED	03532433954
10	Diamond Harbour	M/S Sumana Bhattacharjee	DD, DLB, HQ	9434161674
11	Kalyani			
12	Berhampur	Shri P.K. Das	DD, DLB, Murshidabad	9748063653
13	Ranaghat			
14	Bankura	Monoj Kanti Roy	DD, DLB, Burdwan	26802259
15	Kharagpur			
16	Suri			
17	Chandernagore MC	Dr. S. Goswami	PO, Health, SUDA	9831853398
18	Howrah MC			
19	Khardah	Dr. S. Basu	APO, Health, SUDA	9163928606
20	North Dum Dum			
21	Panihati			
22	South Dum Dum			
23	Uttarpara Kotrung			
24	Barasat	Dr. G. De	APO, Health, SUDA	9836383840
25	Bidhannagar			
26	Kamarhati			
27	Rajarhat Gopalpur			

Draft

**GOVERNMENT OF WEST BENGAL
DEPARTMENT OF MUNICIPAL AFFAIRS
WRITERS' BUILDINGS, KOLKATA - 1**

No. _____ Dated, Kolkata, March, 2013

**From : Joint Secretary to the
Government of West Bengal**

To : The Mayor / Chairperson,

.....Municipal Corporation / Municipality / NAA

PO., Dist.

**Sub. : Instructions on preparedness for prevention and control of Dengue /
Chikunguniya in the Municipal Areas.**

Sir / Madam,

Further to this office communication no. 114(127)/MA/C-10/3S-43/2012 dt. 4th February, 2013, I am directed to request you to take actions in your municipal jurisdiction as mentioned below :

- To prepare ward-wise para-wise micro-plan as being done in pulse polio Programme with technical support from Dy. CMOH II / ACMOH.
- For availing diagnostic facilities in each District Hospital / Medical College to develop mechanism in consultation with Dy. CMOH II / ACMOH for blood sample collection, transportation and reporting.
- To ensure house to house visit as per micro-plan for identification of fever cases once in a month during pre-monsoon and post-monsoon and every fortnightly during monsoon.
- Solid waste management and source reduction including at construction site may be given priority.
- To develop comprehensive strategy with emphasis on interpersonal communication for IEC / BCC. Efforts may also be given for mass media awareness by using radio, television, distribution of leaflets, miking etc.
- To coordinate between Health and Sanitary Sector of the respective ULBs for obtaining maximum output in preventing Vector Borne Diseases.
- To identify different sectors in the respective municipal areas and conduct of regular meeting for maximum coordination & service output.
- Fortnightly technical meeting may be convened jointly by the ULB and District Health Administration to provide recommendation to the Administrative Monitoring Team which will be constituted by Department of Health & Family Welfare.

I am further directed to request you to take all out efforts in preventing Dengue / Chikunguniya in the Municipal Areas.

**Joint Secretary to the
Government of West Bengal**

SUDA

STATE URBAN DEVELOPMENT AGENCY

HEALTH WING

"ILGUS BHAVAN"

H-C BLOCK, SECTOR-III, BIDHANNAGAR, CALCUTTA-700 091

West Bengal

Ref No. ...SUDA-Health/65/08/382

Date28.03.2013

From : Director, SUDA

**To : Sri B.C. Patra
Jt. Secretary
Department of Municipal Affairs
Writers' Building.**

**Sub. : Forwarding draft supplementary guidelines for Prevention & Control of
Dengue / Chikunguniya in Municipal Areas for circulation among Urban
Local Bodies.**

Sir,

As discussed in the meeting on preparedness for prevention and Control of Dengue / Chikunguniya in Municipal Areas at SUDA Conference Hall on 12.02.2013, a supplementary draft guidelines is enclosed herewith for circulation among Urban Local Bodies, if approved.

Thanking you.

Yours faithfully,

Enclo. : As stated.


Director, SUDA

Draft Supplementary Guidelines for Circulation among Urban Local Bodies

Sub. : Supplementary Guidelines on preparedness for Prevention and Control of Dengue / Chikunguniya in the Municipal Areas.

Further to the communication of Department of Municipal Affairs vide no. 114(127)/MA/C-10/3S-43/2012 dt. 4th February, 2013, the following activities may be taken up in your municipal jurisdiction :

1. The ULB will prepare ward-wise para-wise micro-plan as being done in pulse polio Programme with technical support from Dy. CMOH II / ACMOH for searching of fever cases by house to house survey once in a month during pre & post monsoon and twice in a month during monsoon and will ensure house to house visit as per micro-plan for identification of fever cases.
2. In order to avail diagnostic facilities in each District Hospital / Medical College for laboratory confirmation of fever cases, if it is necessary, to develop mechanism in consultation with Dy. CMOH II / ACMOH for blood sample collection, transportation and reporting.
3. The ULBs will arrange to impart training to para-medical staff and the team members for house to house visit by the trainer (i.e. Health Officer / Asstt. Health Officer / MO, Sanitary Inspector, Lab. Technician and other municipal trainers) after obtaining training of trainers from Department of Health & Family Welfare.
4. Due priority to be given to solid waste management and source reduction including at construction site.
The ULB will procure and use of larvicide as per guideline of National Vector Borne Disease Control Programme.
5. The ULB will identify different sectors in the respective municipal areas and conduct of regular meeting for maximum coordination & service output and will also coordinate between Health and Sanitary Sector of the respective ULBs for obtaining maximum output in preventing Vector Borne Diseases.
6. Fortnightly technical meeting to be conducted jointly by the ULB and District Health Administration and to provide recommendation to the Administrative Monitoring Team which will be constituted by Department of Health & Family Welfare.
7. It is necessary to develop comprehensive strategy with emphasis on interpersonal communication for IEC / BCC. Efforts may also be given for mass media awareness by using radio, television, distribution of leaflets, miking etc.

Draft guideline on -
for circulation Draft Urban Local Bodies

Sub. : Guidelines Instructions on preparedness for prevention and control of Dengue / Chikunguniya in the Municipal Areas.

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1. The ULB will To, prepare ward-wise para-wise micro-plan as being done in pulse polio Programme with technical support from Dy. CMOH II / ACMOH for searching of fever cases by house to house survey once in a month during pre & post monsoon and twice in a month during monsoon and
2. will To ensure house to house visit as per micro-plan for identification of fever cases, once in a month during pre-monsoon and post-monsoon and every fortnightly during monsoon.
3. In order to To avail diagnostic facilities in each District Hospital / Medical College for laboratory confirmation of fever cases, it is necessary to develop mechanism in consultation with Dy. CMOH II / ACMOH for blood sample collection, transportation and reporting.
4. the ULB will arrange To impart training to para-medical staff and the team members for house to house visit by the trainer (i.e. Health Officer / Asstt. Health Officer / MO, Sanitary Inspector, Lab. Technician and other municipal trainers) after obtaining training of trainers from Department of Health & Family Welfare. priority to be given to
5. the ULB will Solid waste management and source reduction including at construction site may be given priority.
6. the ULB will To procure and use of larvicide as per guideline of National Vector Borne Disease Control Programme.
7. It is necessary to To develop comprehensive strategy with emphasis on interpersonal communication for IEC / BCC. Efforts may also be given for mass media awareness by using radio, television, distribution of leaflets, miking etc.
8. to To coordinate between Health and Sanitary Sector of the respective ULBs for obtaining maximum output in preventing Vector Borne Diseases.
9. the ULB will To identify different sectors in the respective municipal areas and conduct of regular meeting for maximum coordination & service output.
10. to be conducted To conduct fortnightly technical meeting jointly by the ULB and District Health Administration and to provide recommendation to the Administrative Monitoring Team which will be constituted by Department of Health & Family Welfare.

Department of Municipal Affairs

**Prevention & Control of Dengue / Chikunguniya in the Municipal Areas
A Status Report as on 31.03.2013**

A meeting was held on preparedness for prevention & control of Dengue / Chikunguniya in the Municipal areas at SUDA Conference hall on 12.02.2013. The meeting was chaired by the Principal Secretary, Department of Health & Family Welfare.

Minutes of the meeting signed by the Secretary, Department of Municipal Affairs was forwarded to the respective Departments and 27 ULBs (as identified by the Department of Health & Family Welfare) who participated in the said meeting.

Activity-wise status report is as under :









Activity	Status
The respective Municipality to send the names for 3-5 persons i.e. Health Officer / Asst. Health Officer / MO, Laboratory Technicians, Sanitary Inspector and other municipal Trainers to SUDA by February, 2013 for onward transmission to the Department of Municipal Affairs.	On receipt of name of trainees from the 27 ULBs, SUDA has forwarded the same to the Department of Municipal Affairs vide communication no. SUDA-Health/65/08/342 dt. 27.02.2013. ULB-wise list of trainees has been forwarded by Department of Municipal Affairs to the Department of Health & Family Welfare vide communication no. 237-MA/C-10/3S-43/2012 dt. 13.03.2013.
Training of Health Officer / Asst. Health Officer / MO, Laboratory Technicians, Sanitary Inspector and other municipal Trainers by Department of Health & FW.	Yet to be started.
The Municipal Trainers to impart training to paramedical staff and others of the respective ULBs.	Will be done after completion of training of trainers by Department of Health & FW.
Preparation of ward-wise para-wise Micro-Plan at the ULB level (as being done in Pulse Polo Programme) with technical support from Dy. CMOH II / ACMOH and submission to SUDA.	Out of 27, 21 ULBs have submitted Micro-Plan which has been forwarded to the Department of Municipal Affairs vide communication no. SUDA-Health/65/08/368 dt. 21.03.2013 and SUDA-Health/65/08/381 dt. 28.03.2013. Repeated communications have been made to the rest six ULBs namely Siliguri Municipal Corporation, Bidhannagar, Berhampur, Kulti, Haldia and Uttarpara Kotrung Municipality for submission of Micro-Plan. In this regard, this is to mention here that Project Officer & both the Asstt. Project Officers are in regular touch with the ULBs and Director, SUDA also intervened with the respective six ULBs for obtaining the Micro-Plan. Berhampur Municipality convened meeting with the Dy. CMOH II for preparation of Micro-Plan relating to prevention & control of Vector Borne Diseases – Minutes of the meeting has been forwarded without Micro-Plan.

Contd. to P-2.

Activity	Status
Procurement of Larvicide by the ULBs	Department of Municipal Affairs has released fund for procurement of larvicide by the 126 ULBs for an amount of Rs. 239.54 lakh vide sanction order no. 457(Sanction)/MA/P/C-10/1G-4/2012 dt. 22.03.2013.
Guideline on Prevention and Control of Dengue / Chikunguniya.	Instructions to prevent Vector Borne Diseases in Urban areas has already been issued to all the 127 ULBs by Department of Municipal Affairs vide no. 114(127)/MA/C-10/3S-43/2012 dt. 04.02.2013. Furthermore, following to the meeting held on 12.02.2013 on the subject, a draft supplementary guidelines has been forwarded to the Department for circulation among the ULBs vide no. SUDA-Health/65/08/382 dt. 28.03.2013.

Goswami

Prevention & Control of Dengue / Chikungunya in the Municipal Areas
Meeting at SUDA Conference Hall on 12.00 Noon

Sl. No.	Full Name (In Block Letters)	Designation	Mobile No.	Email Address	Signature
1	Dr. Gangi De	A.P.O.	98863-83840		
2	ALOKE CHAKRABORTY	Consultant (RLL) C.M.U	9433575615		
3	S. S. G. Goss	Consultant (Pez) C.M.U	8017721750	sgoss@gmail.com	
4	Neelamrita Das	consultant C.M.U	9830516158	neelamrita@gmail.com	
5	Sudheep Sengupta	SE, MED			
6	Asim kr. Sarkar	A.C. ST(S)	9831145072		
7	Uttamkr. Ray	SE / PLANNING M.E.D	9434366883		
8	Sandeep K. Sahoo	BE Planning MED	9830162847		
9					
10					

on 1. Survey of Mammal Bacteriology, 2

Minutes of the meeting for prevention & control of Dengue / Chikungunya in the Municipal Areas

List of participants: Enclosed
Proceeding of the meeting

At the outset

the meeting was

A meeting was held on the subject mentioned above, at SUDA Conference Hall on 18.04.2013, chaired by the Secretary, Department of Municipal Affairs. Director, SUDA concerned officials of Health Wing, SUDA; DLB & MED attended the said meeting. At the outset, a status on the activities as envisaged in the minutes of the previous meeting held on 12.02.2013 was narrated as under :

- Name of the master trainers of 27 ULBs had already been forwarded by the Department of Municipal Affairs to the Department of Health & FW vide communication no. 237-MA/C-10/3S-43/2012 dt. 13.03.2013 for imparting training by DHFW, response is still awaited.
- All the 27 ULBs have submitted Micro-Plan which has been forwarded by the Department of MA to Department of Health & FW.
- Department of Municipal Affairs has already released fund for procurement of larvicide by the 126 ULBs for an amount of Rs. 239.54 lakh vide sanction order no. 457(Sanction)/MA/P/C-10/1G-4/2012 dt. 22.03.2013
- Instructions to prevent Vector Borne Diseases in Urban areas has already been issued to all the 127 ULBs by Department of Municipal Affairs vide no. 114(127)/MA/C-10/3S-43/2012 dt. 04.02.2013. Furthermore, a supplementary guidelines has been issued by the Department vide no. 366(127)/MA/C-10/3S-43/2012 dt. 12.04.2013.

Decisions taken in the meeting are as under :

- Training of master trainers of 27 ULBs may be held at SUDA in two batches in a day (preferably by 4th week of April, 2013), to be facilitated by the concerned officials of Department of Health & FW – Department of Municipal Affairs will co-ordinate with DHFW.]
centrally at ULBs
- Amongst the master trainers, one is to be identified as Nodal person by the ULB for which a letter is to be issued to the ULBs - SUDA will issue the letter.
- After obtaining training by master trainers, they will impart training to the team members and others concerned personnel who will be involved in house to house visit for identification of fever cases as well as those who will keep record and report to the Appropriate Authority.
- Micro-Plans along with cost estimation submitted by the ULBs are to be scrutinized by the Health Wing, SUDA by maintaining generalized yardstick. Thus, activity-wise cost estimate are to be forwarded to the Department of Municipal Affairs for making fund provision for the ULBs. For the purpose, Department of Health & FW may also be approached by the Department of Municipal Affairs for release of fund.
rationaled as for that purpose concerned officials of H & FW Dept may be consulted if

Contd. to P-2.

- For monitoring the activities relating to prevention & control of Dengue / Chikunguniya ULB-wise, the list of monitoring officers at SUDA level has been prepared (list is enclosed at Annexure – A).
- The monitoring officers so identified will also participate in the master's training at SUDA.
- ~~At District level~~ Monitoring of the activities at ULB level may be done by the District Health Officials ACMOH / Dy. CMOH II – Department of Health & FW may be approached by Department of Municipal Affairs for issuance of instruction.
- Recording & reporting format for identified fever cases as well as other preventive activities may be supplied by the District Health offices to the respective ULBs.
- IEC materials like leaflet etc. may be provided by Department of Health & FW through District Health Offices to the respective ULBs for maintaining uniformity of information.

The meeting ended with vote of thanks.

Secretary
Dept. of Municipal Affairs

Prevention & Control of Dengue / Chikunguniya in the Municipal Areas

List of Monitoring Officers at State Level

Sl. No.	ULB	Name of Officer	Designation	Contact No.
1	Balurghat	Shri Debasis Dam	SE, Central Circle, <i>MEP</i>	9674233693
2	English Bazar			
3	Contai	Smt. Saheli Chowdhury	EE, East Midnapore Divn., <i>MEP</i>	9433509495
4	Haldia			
5	Asansol MC	Shri Chandan Bose	SE (W) Circle, <i>MEP</i>	9433027370
6	Durgapur MC			
7	Kulti			
8	Raniganj			
9	Siliguri MC	Shri Anjan Sinha	SE (N) <i>Chelcode, MEP</i>	03532433954
10	Diamond Harbour	M/S Sumana Bhattacharjee	DD, DLB, HQ	9434161674
11	Kalyani			
12	Berhampur	Shri P.K. Das	DD, DLB, Murshidabad	9748063653
13	Ranaghat			
14	Khardah	Dr. S. Basu	APO, Health, SUDA	9163928606
15	North Dum Dum			
16	Panihati			
17	South Dum Dum			
18	Uttarpara Kotrung			
19	Barasat	Dr. G. De	APO, Health, SUDA	9836383840
20	Bidhannagar			
21	Kamarhati			
22	Rajarhat Gopalpur			
23	Chandernagore MC	Dr. S. Goswami	PO, Health, SUDA	9831853398
24	Howrah MC			
25	Bankura	<i>Mumoj Kanti Roy</i>	DD, DLB, Burdwan	<i>2680 2259</i>
26	Kharagpur			
27	Suri			

SUDA

STATE URBAN DEVELOPMENT AGENCY

HEALTH WING

"ILGUS BHAVAN"

H-C BLOCK, SECTOR-III, BIDHANNAGAR, CALCUTTA-700 091

West Bengal

Ref No. SUDA-Health/65(Pt-I)/08/355(27)

Date 11.03.2013

From : Director, SUDA

To : The Mayor
Asansol / Chandernagore / Durgapur / Howrah /
Siliguri Municipal Corporation

: The Chairman / Chairperson
Diamond Harbour / Bidhannagar/ Rajarhat-Gopalpur /
South DumDum / NorthDumDum / Barasat / Kamarhati /
Panihati / Khardah / Kalyani / Ranaghat / Berhampore /
Suri / Kulti / Raniganj / Bankura / Kharagpur/ Contai /
Haldia / Uttarpura-Kotrung / English Bazat / Balurghat Municipality

Sub. : Prevention and control of Vector Borne Diseases in Urban Areas -
Minutes of the Meeting.

Sir / Madam,

Enclosed kindly find herewith minutes of the meeting dated 12.02.2013 on preparedness for prevention and control of Dengue / Chikunguniya in the municipal areas for perusal and taking further necessary action.

Thanking you.

Yours faithfully,

Encl. : As stated.



Director, SUDA

SUDA-Health/65(Pt-I)/08/355(27) /1(2)

Dt. .. 11.03.2013

Copy forwarded for information to:

1. P.S. to the Principal Secretary, Health & FW Department
2. P.S. to the Secretary, Municipal Affairs Department



Director, SUDA

Minutes of the Meeting on Preparedness for Prevention & Control of Dengue / Chikunguniya in the Municipal Areas

A meeting was held on preparedness for prevention & control of Dengue / Chikunguniya in the Municipal areas at SUDA Conference hall on 12.02.2013. The meeting was chaired by the Principal Secretary, Department of Health & FW. The list of participants is enclosed.

At the outset, Principal Secretary, Department of Health & FW talked about (a) background information relating to reported cases of Dengue/ Chikungunya in the year 2012, of which 80% cases belong to 50 municipalities/ Corporation, (b) objective of the said meeting and (c) activities to be undertaken.

Secretary, Dept. of Municipal Affairs gave emphasis on activities relating to prevention of vector borne diseases, involvement of Health functionaries along with sanitation department, supervisors engaged in West Bengal Urban Employment Scheme, functionaries of three tier Community Development Services under SJSRY of the respective ULBs. A communication of Dept. of Municipal Affairs bearing no. 114(127)/MA/C-10/3S-43/2012 dt. 4th February, 2013, regarding "Instructions to prevent Vector-borne Diseases in Urban Areas" and a hand-out of DHFW regarding "Action Points on preparedness for prevention and control of Dengue / Chikungunya" were handed over to the participants.

Director of Health Services highlighted regarding Fever case detection, Laboratory Diagnosis and case management.

The ULBs were requested to send the names of trainees for ToT as well as Entomological Surveillance and to prepare micro-plan within due time.

Action points for preparedness for the year 2013 were discussed as detailed below :

Sl. No.	Activity	Responsibility
1	<p>Epidemiological Surveillance</p> <ul style="list-style-type: none"> • Searching of fever cases by house to house survey • Preparation of ward-wise para-wise micro-plan at the ULB level (as being done in Pulse Polo Programme) with technical support from Dy. CMOH II/ ACMOH • Diagnostic Facilities in each District Hospital/ Medical College – mechanism for sample collection , transportation and reporting to be developed in consultation with Dy. CMOH II/ ACMOH 	<p>ULB</p> <p>Dy. CMOH II/ ACMOH of the respective District</p> <p>DHFW</p>

Contd. to P-2.

Sl. No.	Activity	Responsibility
2	Entomological Surveillance <ul style="list-style-type: none"> Each ULB will identify 4- 10 persons who would require training for the purpose. The training will be organized by the Dept. of Health & FW after obtaining nominations from the ULBs Weekly survey is to be done in identified high risk areas from the month of April, 2013 	DHFW
3	Integrated Vector Management with focus on <ul style="list-style-type: none"> Solid waste management and source reduction through H-t-H team earmarked by the ULB for epidemiological surveillance Procurement of larvicide by the ULB Technical support including training 	ULB Dept. of Health & FW
4	Capacity Building <ul style="list-style-type: none"> Training of Health Officer/ Asst. Health Officer/ MO, Laboratory Technicians, Sanitary Inspector and other municipal Trainers The respective Municipality will send the names for 3-5 persons as mentioned above to SUDA by February, 2013 The Municipal Trainers will impart training to paramedical staff and others of the respective ULBs 	ULB & SUDA DHFW
5	IEC and BCC <ul style="list-style-type: none"> Development of comprehensive strategy with emphasis on interpersonal communication Use of Mass Media may be explored 	ULB
6	Review of Municipal Bye Law relating to building and implementation for source reduction	Dept. of MA & ULB
7	Inter-sectoral Co-ordination <ul style="list-style-type: none"> Identification of different sectors in the respective municipal areas and conduct of regular meeting for maximum co-ordination 	ULB
8	Monitoring <ul style="list-style-type: none"> Fortnightly technical meeting jointly by the ULB and District Health Administration to provide recommendation to the Administrative Monitoring Team Administrative monitoring jointly by Political & Administrative heads of H & FW Dept., district / sub-division heads of Health & General Administration and other concerned Departments 	District Health Administration & ULB DHFW

Decided that SUDA will send the list of Master Trainers of ULBs and a comprehensive proposal for requirement of fund for micro-plan to MA Department within 10 days, in consultation with ULBs. It was further decided that a supplementary guideline will be issued from MA Department, incorporating few more issues, as discussed in the meeting, draft of which will be prepared by SUDA.

The meeting ended with vote of thanks.



Secretary
Dept. of Municipal Affairs

Prevention of Vector Borne Diseases in Urban Areas
Meeting at SUDA Conference Hall on 12.02.2013 at 2.00 pm

List of participants

Sl. No.	Name	Organisation	Designation
1	Sri S.C. Tiwari	DHFW	Principal Secretary
2	Sri B.P. Gopalika	Dept. of MA	Secretary
3	Sri M.N. Pradhan	SUDA	Director
4	Dr. Satpathi	DHFW	DHS
5	Dr. S. Saha	DHFW	DDHS Malaria
6	Dr. A. Biswas	DHFW	Technical Officer
7	Dr. S. Goswami	SUDA	P.O
8	Dr. G. De	SUDA	APO
9	Dr. S. Basu	SUDA	APO
10	Sri Anirban Das	Asansol Mpl. Corp.	MMIC
11	Dr. M.S. Alam	do	MO
12	Sri Jayanta Das	Chandernagore Mpl. Corp.	Dy. Mayor
13	DR. A. Mukherjee	do	AHO
14	Smt. Kaberi Maitra	Howrah Mpl. Corp.	Dy. Mayor
15	Dr. S. Sarkar	do	HO
16	Sri Achintya Mukherjee	do	Clerk
17	Sri. Kanu Chandra Das	Balurghat Mpl.	MCIC (Health)
18	Sri Piyush Kanti Laha	do	Clerk
19	Sri Kamal Chandra Das	Bankura Mpl.	Councilor
20	Dr. Abir Banerjee	do	HO
21	Sri Soumitra Sengupta	do	Clerk
22	Dr. Tapabrata Chowdhury	Barasat Mpl.	HO
23	Soumyadipta Banerjee	do	SI
24	Sri Sujoy Roychowdhury	Berhampur Mpl.	CIC
25	Sri Dinesh Pal	do	SI
26	Dr. Suniti Mondal	Bidhannagar Mpl.	HO
27	Dr. Subhasis Panda	Contai Mpl.	MO
28	Sri Suprakash Maity	do	CIC
29	Sri Dipak Kumar Misra	Diamond Harbour Mpl.	SI
30	Sri Ashoke Kumar Mitra	Haldia Mpl.	EO
31	Dr. Subal Chandra Pal	do	MO
32	Sk. Karimullah	do	SI
33	Dr. P.K. Sur	Kalyani Mpl.	Chairman
34	Sri A. Chakraborty	do	Secretary
35	Dr. Gopa Basu	Kamarhati Mpl.	AHO
36	Smt. Rita Sarkar	do	STS
37	Smt. Rita Sengupta	Kharagpur Mpl.	CIC
38	Sri R.N. Bhattacharya	do	UHIO
39	Dr. D. Chatterjee	Khurdah Mpl.	AHO
40	Sri Tapas Dasgupta	do	Clerk

Contd. to P-2.

Sl.No.	Name	Organisation	Designation
41	Sri Biswajit Chatterjee	Kulti Mpl.	SI
42	Sri Purnendu Roy	do	Vice-Chairman
43	Sri Shibsankar Ghosh	North Dum Dum Mpl.	CIC
44	Dr. Sikha Malakar	do	HO
45	Sri Rabindra Nath Chakraborty	Panihati Mpl.	CIC
46	Sri Santanu Mukhopadhyay	do	SI
47	Dr. Shova Gupta	Rajarhat Gopalpur Mpl.	HO
48	Sri P. S. Chatterjee	Ranaghat Mpl.	Chairman
49	Smt. Nilima Das	do	SI
50	Sri Durga Das	do	HA
51	Smt. Krishna Dasgupta	Raniganj Mpl.	CIC
52	Sri Buddha Deb Nandi	do	HA
53	Sri Samit Maji	do	SI
54	Sri Chandan Rani Pal	South Dum Dum Mpl.	CIC
55	Dr. Pankaj Kr. Gupta	do	HO
56	Sri Ujjwal Mukherjee	Suri Mpl.	Chairman
57	Dr. Dilip Bandopadhyay	do	HO
58	Sri Subrata Chowdhury	do	SI
59	Smt. Aditi Kundu	Uttarpara-Kotrung Mpl.	Chairperson
60	Dr. S. Das	do	AHO

Minutes of the Meeting on Preparedness for Prevention & Control of Dengue / Chikunguniya in the Municipal Areas

A meeting was held on preparedness for prevention & control of Dengue / Chikunguniya in the Municipal areas at SUDA Conference hall on 12.02.2013. The meeting was chaired by the Principal Secretary, Department of Health & FW. The list of participants is enclosed.

At the outset, Principal Secretary, Department of Health & FW talked about (a) background information relating to reported cases of Dengue/ Chikungunya in the year 2012, of which 80% cases belong to 50 municipalities/ Corporation, (b) objective of the said meeting and (c) activities to be undertaken.

Secretary, Dept. of Municipal Affairs gave emphasis on activities relating to prevention of vector borne diseases, involvement of Health functionaries along with sanitation department, supervisors engaged in West Bengal Urban Employment Scheme, functionaries of three tier Community Development Services under SJSRY of the respective ULBs. A communication of Dept. of Municipal Affairs bearing no. 114(127)/MA/C-10/3S-43/2012 dt. 4th February, 2013, regarding "Instructions to prevent Vector-borne Diseases in Urban Areas" and a hand-out of DHFW regarding "Action Points on preparedness for prevention and control of Dengue / Chikungunya" were handed over to the participants.

Director of Health Services highlighted regarding Fever case detection, Laboratory Diagnosis and case management.

Municipal Affairs
 Secretary, Dept. of MA and Director, SUDA interacted with the queries of the participants from ULBs. Director, SUDA requested the ULBs *were requested to send* to forward the names of trainees for ToT as well as Entomological Surveillance and to prepare micro-plan within due time.

Action points for preparedness for the year 2013 were discussed as detailed below :

Sl. No.	Activity	Responsibility
1	Epidemiological Surveillance <ul style="list-style-type: none"> • Searching of fever cases by house to house survey • Preparation of ward-wise para-wise micro-plan at the ULB level (as being done in Pulse Polo Programme) with technical support from Dy. CMOH II/ ACMOH • Diagnostic Facilities in each District Hospital/ Medical College – mechanism for sample collection , transportation and reporting to be developed in consultation with Dy. CMOH II/ ACMOH 	ULB Dy. CMOH II/ ACMOH of the respective District DHFW

Contd. to P-2.

Sl. No.	Activity	Responsibility
2	Entomological Surveillance <ul style="list-style-type: none"> Each ULB will identify 4- 10 persons who would require training for the purpose. The training will be organized by the Dept. of Health & FW after obtaining nominations from the ULBs Weekly survey is to be done in identified high risk areas from the month of April, 2013 	DHFW
3	Integrated Vector Management with focus on <ul style="list-style-type: none"> Solid waste management and source reduction through H-t-H team earmarked by the ULB for epidemiological surveillance Procurement of larvicide by the ULB Technical support including training 	ULB Dept. of Health & FW
4	Capacity Building <ul style="list-style-type: none"> Training of Health Officer/ Asst. Health Officer/ MO, Laboratory Technicians, Sanitary Inspector and other municipal Trainers The respective Municipality will send the names for 3-5 persons as mentioned above to SUDA by February, 2013 The Municipal Trainers will impart training to paramedical staff and others of the respective ULBs 	ULB & SUDA DHFW
5	IEC and BCC <ul style="list-style-type: none"> Development of comprehensive strategy with emphasis on interpersonal communication Use of Mass Media may be explored 	ULB
6	Review of Municipal Bye Law relating to building and implementation for source reduction	Dept. of MA & ULB
7	Inter-sectoral Co-ordination <ul style="list-style-type: none"> Identification of different sectors in the respective municipal areas and conduct of regular meeting for maximum co-ordination 	ULB
8	Monitoring <ul style="list-style-type: none"> Fortnightly technical meeting jointly by the ULB and District Health Administration to provide recommendation to the Administrative Monitoring Team Administrative monitoring jointly by Political & Administrative heads of H & FW Dept., district / sub-division heads of Health & General Administration and other concerned Departments 	District Health Administration & ULB DHFW

✓ The meeting ended with vote of thanks.

Decided that SUDA will send the list of M.A. Trainers of ULBs and a comprehensive proposal for requirement of fund for micro plan to MA Deptt. within 10 days, in consultation with ULB. ~~DDDDDD~~. It was further decided that a complementary (B.P. Gopalika, IAS) ~~the~~ guideline will be raised from MA Deptt, incorporating few more items, as discussed in the meeting, draft of which will be prepared by SUDA.

Secretary
Dept. of Municipal Affairs

(S.C. Tiwari, IAS)
Principal Secretary
Dept. of Health & FW
Dept. of MA.

STATE URBAN DEVELOPMENT AGENCY

HEALTH WING
"ILGUS BHAVAN"H-C BLOCK, SECTOR-III, BIDHANNAGAR, CALCUTTA-700 091
West Bengal

Ref No. SUDA-Health/65(Pt-I)/08/336(27)

Date 18.02.2013

From : Director, SUDA

To : The Mayor
Asansol / Chandernagar / Durgapur / Howrah /
Siliiguri Municipal Corporation: The Chairman / Chairperson
Diamond Harbour / Bidhannagar/ Rajarhat-Gopalpur /
South DumDum / NorthDumDum / Barasat / Kamarhati /
Panihati / Khardah / Kalyani / Ranaghat / Berhampore /
Suri / Kulti / Raniganj / Bankura / Kharagpur/ Contai /
Haldia / Uttarpara-Kotrung / English Bazat / Balurghat Municipality

Sub. : Prevention and control of Vector Borne Diseases in Urban Areas.

Sir / Madam,

Following to the meeting held at SUDA on 12.02.2013 wherein you / your representative participated , a no. of Action Points were discussed as detailed below on preparedness for prevention and control of Vector Borne Diseases i.e Dengue / Chikunguniya etc..

Sl. No.	Actions	Timeline	Suggested Format
1	<p>Training- The training of Trainers will be conducted by DHFW / District Health Officials. The Municipal Trainers will impart training to paramedical staff and others of the respective ULBs</p> <ul style="list-style-type: none"> To forward names of 3-5 persons i.e Health Officer/ Asst. Health Officer/ MO, Laboratory Technicians, Sanitary Inspector and other municipal Trainers to Director, SUDA for onward transmission to DHFW. To chalk out training plan by the ULB for imparting training to paramedical staff and others of the respective ULBs 	<p>By 3rd week of February,2013</p> <p>By 4th week of February,2013</p>	<p>Name / Designation</p> <p>Name of Trainers per batch/ Duration of training per batch/category-wise Total no. of Trainee/ No. of Batch (1 batch consists of 25-30 trainees)/ time line/ No. of days required/ Cost involvement with break-up, if any/ source of funding</p>

Contd. to P-2.

Sl. No.	Actions	Timeline	Suggested Format
2	<p>Epidemiological Surveillance</p> <ul style="list-style-type: none"> • Searching of fever cases by house to house survey • Preparation of ward-wise para-wise micro-plan by the ULBs (as being done in Pulse Polo Programme) with technical support from Dy. CMOH II/ACMOH 	By 4 th week of February,2013	Ward No./ No. of houses in that Ward/ No. of Teams(at least 2 members) required for H-t-H visit/ Name of Team Members/ Allotment of HHs to the respective Team/ Name of Supervisors/ Timeline
3	<p>Integrated Vector Management with focus on</p> <ul style="list-style-type: none"> • Solid waste management and source reduction through H-t-H team earmarked by the ULB for epidemiological surveillance (H-t-H survey once in a month during pre & post-monsoon and fortnightly during monsoon) • Procurement of larvicide by the ULB (guideline of DHFW to be followed) 	March, 2013 onwards	Requirement of quantity of Larvicide/ Cost involvement / source of funding
4	<p>IEC and BCC</p> <ul style="list-style-type: none"> • Development of comprehensive strategy with emphasis on interpersonal communication • Use of Mass Media may be explored • For developing comprehensive strategy (i) interpersonal communication during H-t-H visit (ii) Ward-wise mass meeting (iii) Miking (iv) Leaflets (v) Flex Banner in high risk areas (vi) use of local cable channel may be thought of. 	By 2 nd week of March, 2013	Ward-wise mass meeting at least one in each ward during pre-monsoon & monsoon, Miking & Local Cable Channel during monsoon, Leaflet & Flex Banner during pre-monsoon, / cost involvement / source of funding
5	<p>Inter-sectoral Co-ordination</p> <p>Identification of different sectors in the respective municipal areas and conduct of regular meeting for maximum co-ordination</p>	From March, 2013	
6	<p>Monitoring</p> <p>Fortnightly technical meeting jointly by the ULB and District Health Administration to provide recommendation to the Administrative Monitoring Team</p>	From March, 2013	

The information wrt Training at Sl.No.1 in the Table above may be forwarded to the undersigned immediately through email (dfidhhw@gmail.com) or FAX (033 2358 5800) for onward transmission to the Dept. of Health & FW.

Planning for other activities may be done in consultation with the respective Dy. CMOH II & ACMOH accordingly with a copy forwarded to the undersigned.

Thanking you.

Yours faithfully,



Director, SUDA

Dt. .. 18.02.2013

SUDA-Health/65(Pt-I)/08/336(27) /1(4)

Copy forwarded for information to:

- 1. Jt. Secretary, Municipal Affairs Department**
- 2. P.S. to Hon'ble MIC, MA & UD Department**
- 3. P.S. to Principal Secretary, Health & FW Department**
- 4. P.S. to secretary, Municipal Affairs Department**



Director, SUDA

Action points on preparedness for prevention and control of Dengue/ Chikungunya in Municipal Aresa in West Bengal

Background Information:

During the year 2012, West Bengal reported 6,456 cases with 11 deaths from Dengue. Of the reported cases 80% were reported from 50 municipalities/ corporation mentioned in Annex I. While combating Dengue in the whole state, we need to focus on these urban areas. There is seasonality of the incidence – start during the month of June- July and ends during Oct-Nov with peak during Aug-Sep. Timely preparedness activity starting from the month of March 2013, will reduce the incidence with a reduction of death from dengue also.

Action points for preparedness:

A. Epidemiological Surveillance

1. This is searching of the fever cases by h-t-h survey once in a month during pre monsoon time and every fortnightly during the monsoon. Respective Municipality is the nodal agency for the activity. They will engage adequate volunteers. Ward-wise para-wise micro-plan like Polio Programme is to be prepared. Dy CMOH II/ ACMOH will technically support for preparing the micro-plan.
2. Diagnostic facilities – Will be available in each district hospital/ medical college from the month of March. Mechanism for sample collection, transportation and reporting is to be developed in consultation with Dy CMOH II/ CMOH of the respective district.

B. Entomological Surveillance

To be started according to the optimum human resource available. Each municipality should identify 4-10 workers who require training for the purpose. The dept. of H&FW will arrange the training of such workers as soon as the nomination is available. Weekly survey is to be done in identified/ high risk areas from the month of April.

C. Integrated Vector Management

Attention to be focussed on Solid waste management and on Source reduction through H-t-h team engaged for epidemiological surveillance. Respective municipality is the focal agency. They must procure proper larvicide at their cost. The dept. of H&FW will provide technical support including the training activity.

D. Capacity Building

Dte. Of Health Services, West Bengal wil arrange training of (1) Medical Officers and (2) Laboratory Technicians and (3) TOT of Municipal trainers. Respective municipality is to send the list of nominated officers by February 2013. For training of other paramedical staff and private practicenor the training will be conducted by Municipal trainers

E. IEC and BCC

Respective Municipality is the nodal Agency at should start at earliest. Comprehensive strategy with emphasis on inter personal communication is in priority. Use of Mass Media is to be explored.

F. Municipal Bye Law review and implementation

G. Inter-sectoral Co-ordination

Each municipality will identify different sectors having their role and conduct regular meeting for maximum co-ordination

H. Monitoring

1. Technical – every fortnightly jointly by the Municipality and the district Health Administration and they will give recommendation to administrative monitoring team.
2. Administrative – Jointly by Political and Administrative heads of H&FW Dept along with district/ subdivision heads of Health and General Administration. Other responsible department are to be incorporated.

List of Municipalities reported Dengue/ Chikungunya Cases in last three years

Sl no	District	Name with Catagory
1	Kolkata	1. Kolkata (A)
2	South 24 Parganas	2. BudgeBudge (C) 3. Diamond Harbour (C)
3	North 24 parganas	4. Bidhannagar (B) 5. Rajarhat Gopalpur (C) 6. Dumdum (South) (C) 7. Dumdum (North) (C) 8. Madhamgram (C) 9. Barasat (C) 10. Kamarhati (C) 11. Panihati (C) 12. Barrackpur (C) 13. Khardah (C)
4	Nadia	14. Kalyani (C) 15. Ranaghat (C) 16. Nabadwip (C) 17. Chakdah (C)
5	Murshidabad	18. Baharampur (C) 19. Lalbag (C)
6	Birbhum	20. Rampurhat (C) 21. Suri (C)
7	Burdwan	22. Burdwan (C) 23. Durgapur (B) 24. Asansol (B) 25. Raniganj (C)
8	Purulia	26. Raghunathpur (C)
9	Bankura	27. Bankura (C) 28. Bishnupur (C) 29. Sonamukhi (C)
10	Paschim Midnapur	30. Midnapur (C) 31. Kharagpur (C)
11	Purba Midnapur	32. Cantai (C) 33. Tamluk (C) 34. Haldia (C) 35. Panskura (C)
12	Howrah	36. Howrah (B) 37. Bally (C)
13	Hoogly	38. Chinsura (C) 39. Chandannagar (C) 40. Arambag (C) 41. Tarakeshwar (C) 42. Uttarpara (C)
14	Malda	43. Englishbazar (C)
15	Uttar Dinajpur	44. Islampur (C) 45. Dalkhola (C)
16	Dakshin Dinajpur	46. Balurghat (C)
17	Jalpaiguri	47. Jalpaiguri (C) 48. Alipurduar (C)
18	Darjeeling	49. Siliguri (B)
19	Kochbehar	50. Kochbehar (C)

Notes -

1. Catagory A - Biggest Corporation with high endemicity B- Other Corporation with high endemicity
C- Other Corporation with high endemicity/ all municipalities
2. **Bold letter Corporations/ Municipalities are more vulnerable for Dengue/ Chikungunia**

PO (H)
D
5/9/12GOVERNMENT OF WEST BENGAL
DEPARTMENT OF MUNICIPAL AFFAIRS
WRITERS' BUILDINGS, KOLKATA

No. 858(127)/MA/C-10/35-43/2012

Dated, Kolkata, 5th September, 2012From : Joint Secretary to the
Government of West Bengal

To : The Mayor/ Chairperson,

..... Municipal Corporation/Municipality/NAA,

PO -, Dist -

Sub : Instructions to prevent Dengue Fever in Urban areas

Sir/Madam,

You may be aware that incidences of Dengue have been reported in various places of the State. In order to tackle the situation, I am directed to request you to take following urgent preventive measures in your municipal jurisdiction:

- 1) To take up intensive campaign and wide publicity in an informed manner immediately (In line with the campaign already taken up by the State Government) in various electronic media like Radio and Television, by way of distribution of leaflets (preferably in local vernacular), by using local cable channels, miking and by all the similar means.
- 2) No leave will be granted to the concerned Health Officers/Medical Officers and other staff associated with the urban health activities until further order.
- 3) To ensure cleanliness and eliminate the mosquito breeding places in the respective municipal areas.
- 4) Intensive house to house visit for spraying of larvicidal oil and other anti-dengue spray and to create awareness among the citizens to be ensured.
- 5) Every effort should be taken to ensure the disposal of Bio-Medical wastes in the respective urban areas.
- 6) In the course of taking up of preventive measures and awareness generation activities, apart from all categories of health workers working under various urban health programme, the services of the workers along with supervisors engaged in West Bengal Urban Employment Scheme and functionaries of three tier Community Development Services under SJSRY like Thrift and Credit Group etc may also be utilized.
- 7) All the Health Administrative Unit/OPD/ Ward level Health unit/Sub-centres in respective jurisdiction to be actively involved under the supervision of Municipal level Health and Family Welfare Committee.

- 8) All the Health Officers/Medical Officers and the municipal level health employees should be adequately trained. In case of any further training need, the same is to be ensured in consultation with the various District/Sub Divisional/Block/Municipal level hospitals and in consultation with Health and Family Welfare Department.
- 9) Utmost effort is to be given to cover the open drains in the entire municipal jurisdiction.
- 10) This is to be kept in mind that this type of fever is cyclical in nature and there is possibility of recurrence to an already affected victim. So adequate attention need to be given in those cases also.
- 11) All such preventive, awareness generating and monitoring activities are to be taken up not only in working days but also in holidays until the normalcy is restored.

I am further directed to request you to please take all such measures by way of involving the Municipal level Health and Family Welfare Committee and by way of constituting a team of dedicated persons under your active supervision and leadership.

Thanking you,

Yours faithfully

Sd/-

Joint Secretary

No. 858(127)/1(8)/MA/C-10/3S-43/2012

Dated, Kolkata, 5th September, 2012

Copy forwarded for information to:

- 1) Secretary to the Hon'ble Chief Minister, West Bengal
- 2) Joint Secretary, Health and Family Welfare Department, Swasthya Bhavan, GN - 29, Salt Lake, Sector - V, Kolkata - 91
- 3) Director, SUDA
- 4) Director of Local Bodies, West Bengal
- 5) PS to MIC, MA & UD Departments
- 6) Pr.S. Principal Secretary of this Department
- 7) PA to joint Secretary (BCP) of this Department
- 8) Cell - 10 of this Department


03/9/12
Joint Secretary

**GOVERNMENT OF WEST BENGAL
DEPARTMENT OF MUNICIPAL AFFAIRS
WRITERS' BUILDINGS, KOLKATA-1**

No. 114(127)/MA/C-10/35-43/2012

Dated, Kolkata, 4th February, 2013

From : Joint Secretary to the
Government of West Bengal

To : The Mayor/ Chairperson,
..... Municipal Corporation/Municipality/NAA,
PO., Dist.

Sub : Instructions to prevent vector-borne diseases in Urban areas

Sir/Madam,

You are aware that State Government has given utmost importance for taking preparation well in advance to ensure prevention of vector-borne diseases (Dengue, Malaria etc.) in Urban areas. Accordingly, I am directed to request you to take following urgent preventive measures in your municipal jurisdiction:

- 1) To take up intensive campaign and wide publicity in an informed manner immediately (in line with the campaign already taken up by the State Government) in various electronic media like Radio and Television, by way of distribution of leaflets (preferably in local vernacular), by using local cable channels, miking and by all the similar means.
- 2) To ensure cleanliness and eliminate the mosquito breeding places in the respective municipal areas.
- 3) Intensive house to house visit for spraying of larvacidal oil and other anti-dengue spray and to create awareness among the citizens (specially on stagnant water below the refrigerator, air-conditioning machine, flower vass etc. which act as breeding ground for mosquitoes).
- 4) Every effort should be taken to ensure the disposal of Bio-Medical wastes in the respective urban areas.
- 5) In the course of taking up of preventive measures and awareness generation activities, apart from all categories of health workers working under various urban health programme, the services of the workers along with supervisors engaged in West Bengal Urban Employment Scheme and functionaries of three tier Community Development Services under SJSRY like Thrift and Credit Group etc may also be utilized.
- 6) All the Health Administrative Unit/OPD/Ward level Health unit/Sub-centres in respective jurisdiction to be actively involved under the supervision of Municipal level Health and Family Welfare Committee.

**GOVERNMENT OF WEST BENGAL
DEPARTMENT OF MUNICIPAL AFFAIRS
WRITERS' BUILDINGS, KOLKATA-1.**

No. 110/MA/C-10/35-43/2012

Dated : Kolkata, the 4th February, 2013

From :

B.C. Patra
Joint Secretary to the
Government of West Bengal.

To

The Principal Secretary,
Department of Health & Family Welfare,
Government of West Bengal,
Swasthya Bhavan, GN-29 , Sector-V,
Kolkata : 700 091

Sub : Prevention of vector-borne diseases in Urban Areas.

Sir,

I am directed to inform you that Hon'ble MIC, MA & UD Department will hold a meeting with concerned Urban Local Bodies, on prevention of vector-borne diseases in Urban areas on 12.02.2013 at 2-00 P.M. at the SUDA Conference Hall, Salt Lake.

I am, therefore, directed to request you to kindly make it convenient to attend the said meeting along with concerned officers. Health Officers dealing with the matter in the urban areas may also be requested to attend.

Yours faithfully,
Sd/-
Joint Secretary

No. 110/1(4) /MA/C-10/35-43/2012

Dated : Kolkata, the 4th February, 2013

Copy forwarded for information and necessary action to :

1. Director, SUDA.
2. P.S. to Hon'ble MIC, MA & UD Department.
3. P.S. to Hon'ble MOS, Department of Health & Family Welfare, Swasthya Bhavan, Salt Lake.
4. Pr.S. to Secretary, M.A. Department.


Joint Secretary

GOVERNMENT OF WEST BENGAL
DEPARTMENT OF MUNICIPAL AFFAIRS
WRITERS' BUILDINGS, KOLKATA-1.

No. 109(27)/MA/C-10/35-43/2012

Dated : Kolkata, the 4th February, 2013

From :

B.C. Patra
Joint Secretary to the
Government of West Bengal.

To

1. The Mayor, Howrah / Durgapur/ Asansol/ Chandernagore/ Siiguri Municipal Corporation. P.O....., Dist.
2. The Chairperson, Diamond Harbour/ Bidhannagar/ Bajarhat-Gopalpur/ South Dum Dum/ North Dum Dum/ Barasat/ Kamarhati/ Panhati/ Khardah/ Kalyani/ Ranaghat/ Berhampore/ Suri/ Kulti/ Raniganj/ Bankura/ Kharagpur/ Contai/ Haldia/ Uttarpara-Kotrong/ English Bazar/ Balurghat Municipality, P.O....., Dist.....

Sub : Prevention of vector-borne diseases in Urban Areas.

Sir,/ Madam,

I am directed to inform you that the Hon'ble MIC, MA & UD Department desires to hold a meeting on 12.02.2013 at 2-00 P.M. at the SUDA Conference Hall in connection with the preventive measures to be taken to prevent vector-borne diseases, such as dengue, malaria etc.

You are requested to kindly make it convenient to attend the meeting along with the concerned Member of Mayor-in-Council/ Chairman-in-Council of your Urban Local Body, Medical Officer/ Health Officer.

This may please be treated as most urgent and important.

Yours faithfully,

Sd/-

Joint Secretary

No. 109(27)/1(5)/MA/C-10/35-43/2012

Dated : Kolkata, the 4th February, 2013

Copy forwarded for information and necessary action to :

1. Principal Secretary, Health & Family Welfare Department, Swasthya Bhavan, Salt Lake.
2. Director, SUDA.
3. P.S. to Hon'ble MIC, MA & UD Department.
- ✓ 4. P.S. to Hon'ble MOS, Department of Health & Family Welfare, Swasthya Bhavan, Salt Lake.
5. Pr.S. to Secretary, M.A. Department.


Joint Secretary