

DETAILED PROJECT REPORT ON



HOSPITAL

40 BEDED
AT

MOMINABAD ANANTNAG J&K

IN FAVOUR OF

M/S WANI'S NURSING HOME

PROP.

MR.KAWSAR AHMAD WANI S/O GULAM-UD-DIN WANI
R/O DAMHALL ANANTNAG J&K

PREPARED BY

MEP industrial and Engineering Consultancy® Anantnag Kmr.
(Govt. Approved)

Regd. No: DI&C/P&S/332/2876

B.O:- 3rd Floor Sofi Complex Opp.Axis Bank Near Al Noor Hospital K P Road Anantnag kmr.



MEPIANGI2876 AH-98
Date: 9-08-2024

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Project Co-Ordinator
MEP Industrial & Engineering
Consultancy
Anantnag (Kmr.)

diagnosis and treatment facilities under one roof but also will generate the income to the proposed hospital owners and local youths.

PROJECT HIGHLIGHTS

Sr. No.	Particulars	Description
1.	Name of the Firm	M/S WAN'S NURSING HOME
2.	Location	Mominabad Anantnag J&K
3.	Line of Activity	HOSPITAL
4.	Land	Owned
5.	Land Development	Nil
6.	Total Land Available	4 kanal 3 Marlas
7.	Civil Works (Constructed)	180.94 Lacs
8.	Plant & Machinery	199.74 Lacs
9.	Preliminary /Preoperative Expenses	6.32 lacs
10.	Misc. fixed Asset	64.00 lacs
11.	Contingencies	4.00 lacs
Total Cost Of Fixed Assets		455.00 lacs
Working capital Required @ 70% Capital Utilization		21.00 lacs
Total cost of the Project		476.00 lacs
a)	Promoters Contribution Of Fixed Assets @ 25%	113.75 Lacs
b)	Term Loan @ 75%	341.25 Lacs
15.	Man Power	27 Persons
16.	Power Requirement	190 HP
17.	STP	30 KLD



BACKGROUND OF THE ENTREPRENEURS

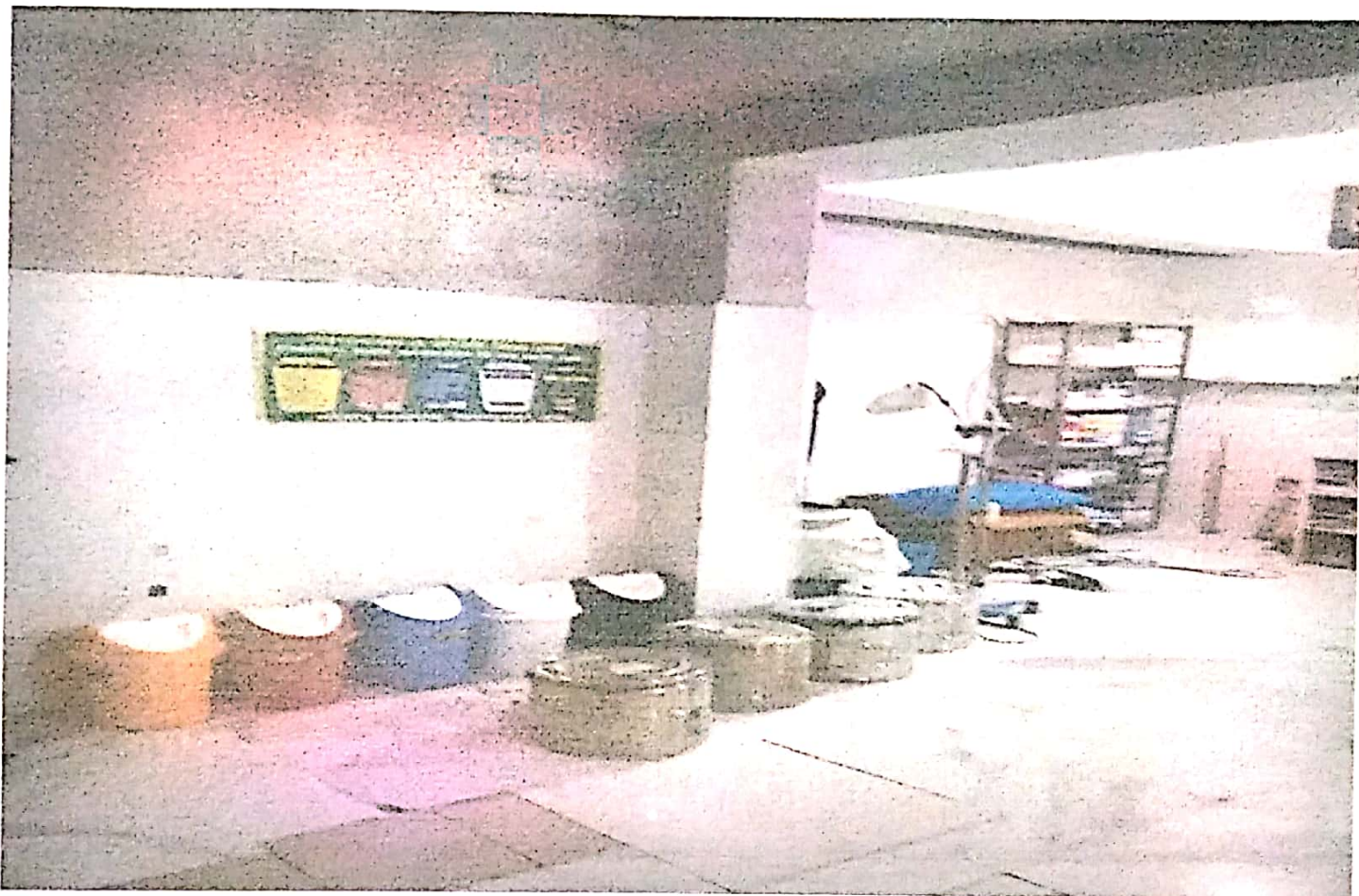
The Promoter's who are intended to setup a unit for the activity of **HOSPITAL**. The promoters will be overall in charge of the proposed Hospital. The promoters have been brought up in the Kashmir valley from their early childhood & is fully aware of nature, culture and social economic background of the valley thus the promoter's will not feel any difficulty for running the proposed Multispecialty Hospital. The promoters have decided to run Multi-specialty hospital which will not only provide the standardized, specialized and synchronized diagnosis and treatment facilities under one roof but also will generate the income to the proposed hospital owners and local youths as well.

The unit with the location at **MOMINABAD ANANTNAG J&K**. The promoter's have a good financial footing at home and can arrange the Contribution money of 25% for term loan & 30 % for working capital loan as and when required while financing the unit from concern bank. The entrepreneurs have a good aptitude and caliber to handle the unit and can manage the records of the unit personally.

The Bio-Data of the Entrepreneur Is Given Below

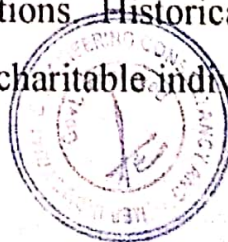
1.	NAME	MR. KAWSAR AHMAD WANI
2.	S/O,D/O,W/O	MR. GULAM-UD-DIN WANI
3.	RESIDENCE	DAMHALL ANANTNAG J&K
5.	NATIONALITY	INDIAN
7.	CONTACT NUMBER	
10.	LINE OF ACTIVITY PROPOSED	HOSPITAL
11.	EXPERIENCE (IF ANY)	YES
12.	PROPOSED AREA OF LAND	OWNED
13.	LOCATION OF UNIT	MOMINABAD ANANTNAG J&K





INTRODUCTION

Health care means a wide and intensive form of services, which will be related to well being of human beings. Health Care is a social sector. Health Care services are provided at state level with the help of central government. Health care is a wide and intensive industry, which covers Hospitals. A hospital is a health care institution providing patient treatment with specialized medical and nursing staff and medical equipment. The best-known type of hospital is the general hospital, which typically has an emergency department to treat urgent health problems ranging from fire and accident victims to a sudden illness. A district hospital typically is the major health care facility in its region, with a large number of beds for intensive care and additional beds for patients who need long-term care. Specialized hospitals include trauma centers, rehabilitation hospitals, children's hospitals, seniors' (geriatric) hospitals, and hospitals for dealing with specific medical needs such as psychiatric treatment (see psychiatric hospital) and certain disease categories. Specialized hospitals can help reduce health care costs compared to general hospitals. Hospitals are classified as general, specialty, or government depending on the sources of income received. A teaching hospital combines assistance to people with teaching to medical students and nurses. The medical facility smaller than a hospital is generally called a clinic. Hospitals have a range of departments (e.g. surgery and urgent care) and specialist units such as cardiology. Some hospitals have outpatient departments and some have chronic treatment units. Common support units include a pharmacy, pathology, and radiology. Hospitals are usually funded by the public sector, health organizations (for profit or nonprofit), health insurance companies, or charities, including direct charitable donations. Historically, hospitals were often founded and funded by religious orders, or by charitable individuals and leaders.^[3]



Currently, hospitals are largely staffed by professional physicians, surgeons, nurses, and allied health practitioners, whereas in the past, this work was usually performed by the members of founding religious orders or by volunteers. However, there are various Catholic religious orders, such as the Alexians and the Bon Secours Sisters that still focus on hospital ministry in the late 1990s, as well as several other Christian denominations, including the Methodists and Lutherans, which run hospitals.^[4] In accordance with the original meaning of the word, hospitals were originally "places of hospitality", and this meaning is still preserved in the names of some institutions such as the Royal Hospital Chelsea, established in 1681 as a retirement and nursing home for veteran soldiers. A hospital as a health care organization has been defined in varied terms as an institution involved in preventive, curative/ameliorative, palliative or rehabilitative services. However, the definition given by WHO is quite exhaustive and exclusive, in which it is defined as, 'an integral part of the www.entrepreneurindia.co medical and social organization which is to provide for the population complete health care, both curative and preventive; and whose out patient services reach out into the family in its home environment. The hospital is also a centre for the training of health workers and for bio-social research'. Hospitals, these days, also provide bio-social research; teaching and training facilities for all members of the hospital, and a health team which includes not only doctors and nurses, but also para-professionals, paramedicals, pharmacists, etc. www.entrepreneurindia.co operationally, a hospital could be viewed as consisting of service facilities for out-patient, in-patient, general wards, emergency, special wards, Intensive Care Units, operation theatre, delivery suite; and support services, such as, pharmacy, radiology and imaging, CSSD, blood bank, laboratory, et

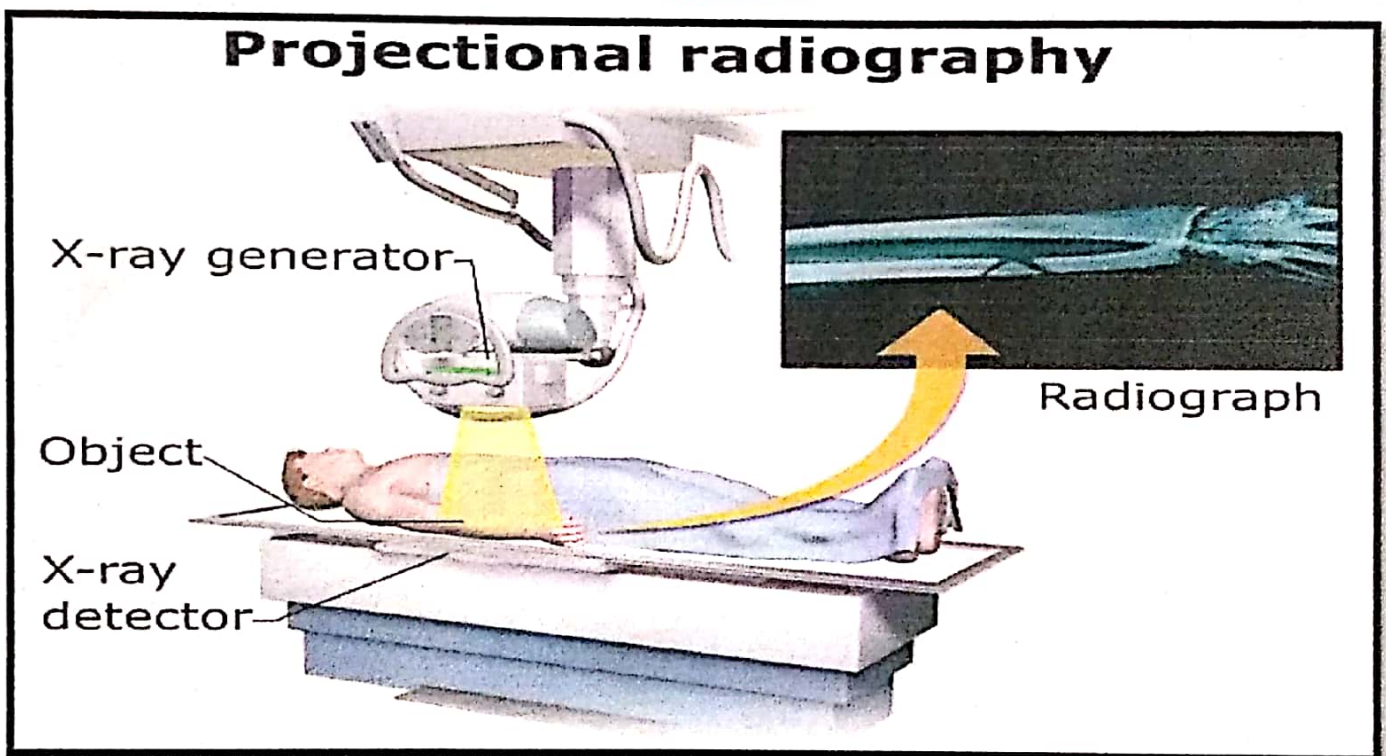


FACILITIES PLANNED IN THE MULTI-SPECIALITY HOSPITAL

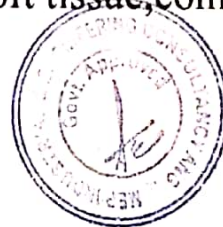
The proposed Hospital will offer comprehensive Diagonasis and Treatment

DIAGONASTIC SECTION

1. X-RAY



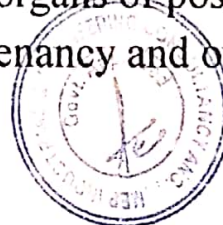
X-ray is useful in the detection of pathology of the skeletal system but also useful for detection of some disease processes in soft tissue, common chest x-ray, Abodominal x ray etc.



2. ULTRASONOGRAPHY AND COLOR DOPPLER



Ultrasonography is used to visualize subcutaneous body structure including tendons, muscles, joints, vessels and internal organs of possible pathology or lesions. USG is commonly used during pregnancy and other gynaecology related issues.



3.ENDOSCOPY

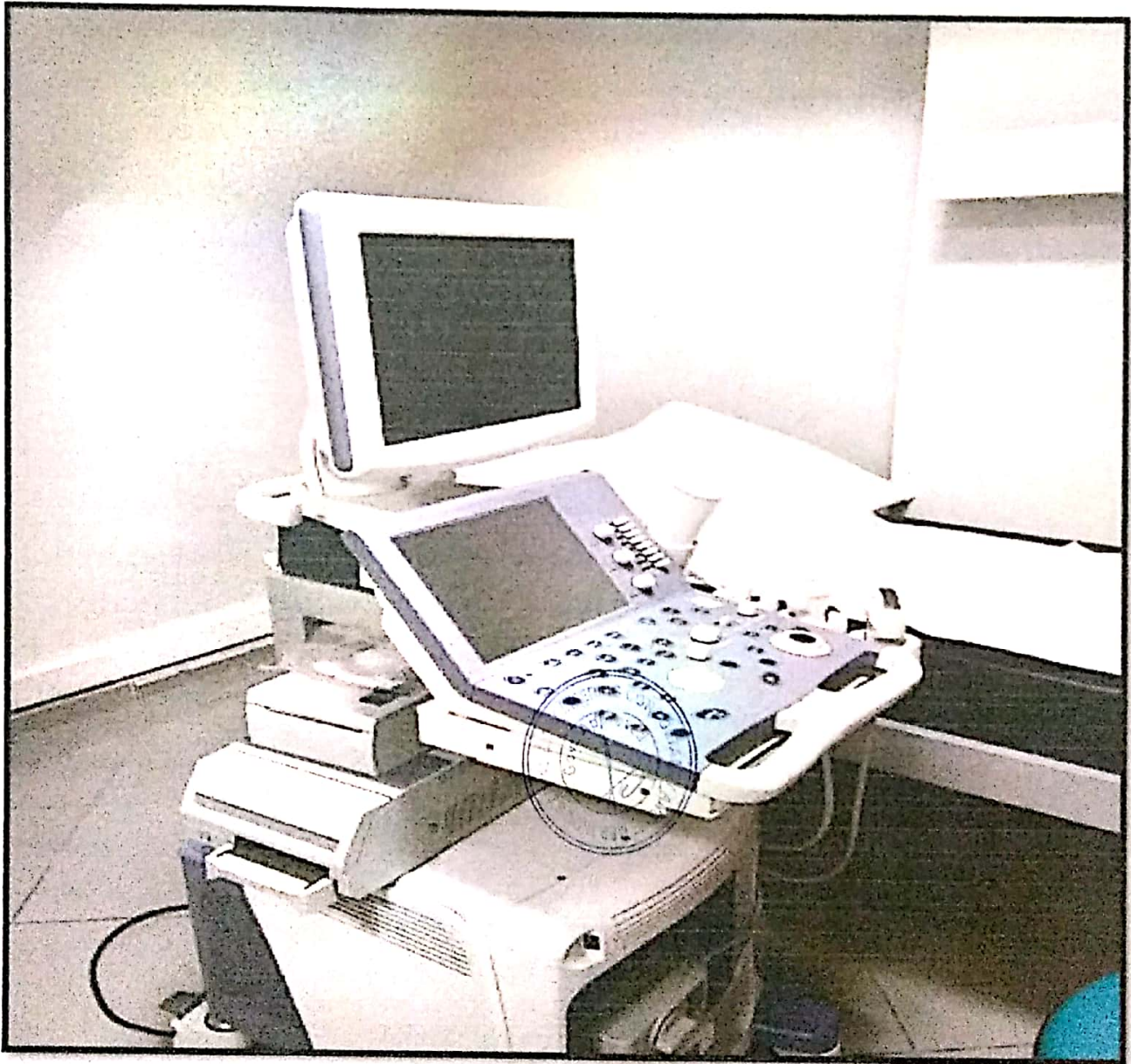
An endoscopy is a procedure used in medicine to look inside the body. The endoscopy procedure uses an endoscope to examine the interior of a hollow organ or cavity of the body. Unlike many other medical imaging techniques, endoscopes are inserted directly into the organ.

There are many types of endoscopies. Depending on the site in the body and type of procedure, an endoscopy may be performed by either a doctor or a surgeon. A patient may be fully conscious or anaesthetized during the procedure. Most often, the term *endoscopy* is used to refer to an examination of the upper part of the gastrointestinal tract, known as an esophagogastroduodenoscopy.



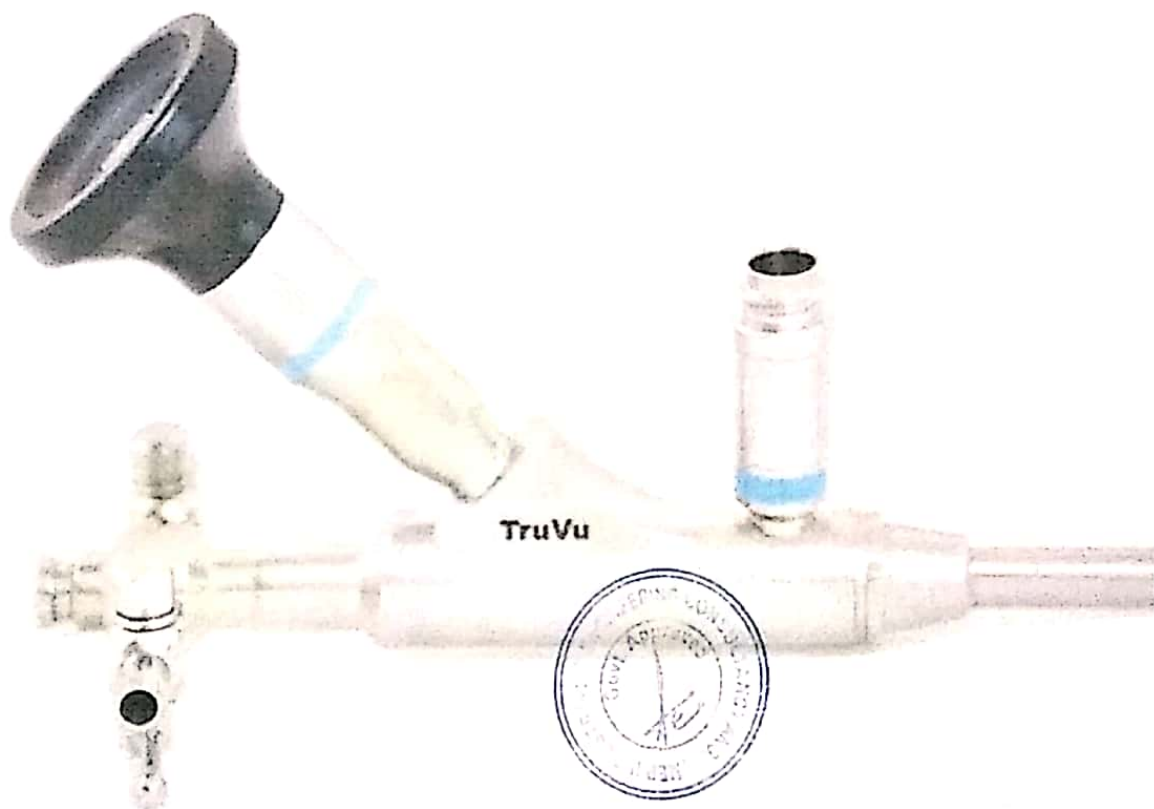
4.ECHOCARDIOGRAM

An echocardiogram, or "echo", is a scan used to look at the heart and nearby blood vessels. It's a type of ultrasound scan, which means a small probe is used to send out high-frequency sound waves that create echoes when they bounce off different parts of the body.



5.NEPHROSCOPE

A nephroscope is used to remove stones measuring one-third of an inch (1 cm) or larger. Nephroscopy is also used to: Remove kidney stone fragments. Remove small tumors. Remove foreign bodies, such as a stent that was previously placed.

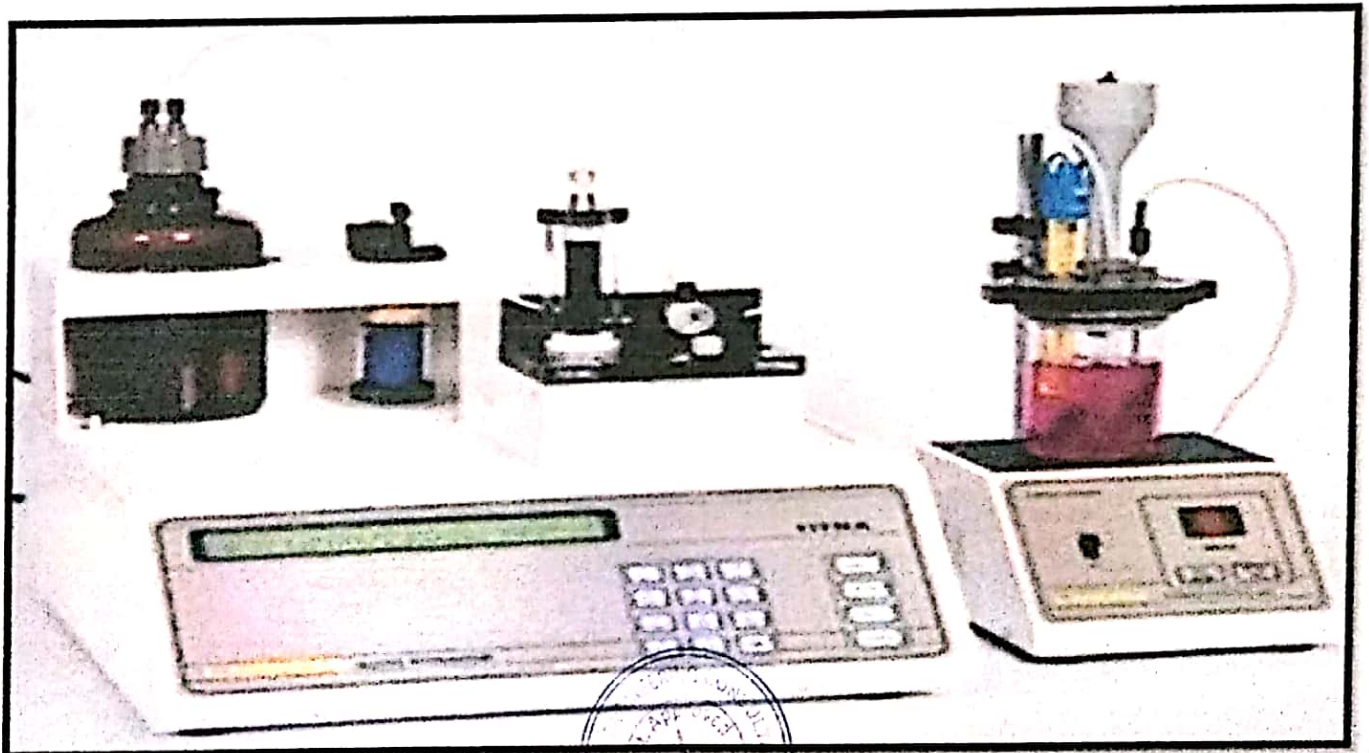


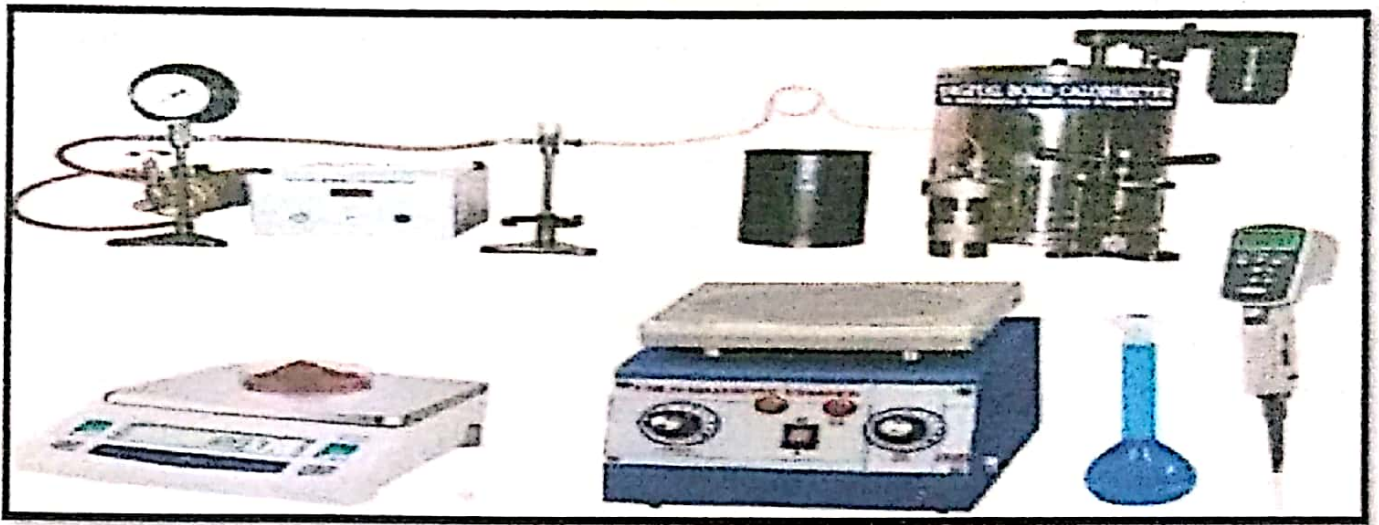
6.PATHOLOGY LABORATORY

2. Heamotolgy Analyser
3. Electrolyte
- 4.Urine Analyser etc

Medical laboratory instrument designed to measure different chemicals and other characteritics in a no. of biological samples quickly with minimum human assistance,automated cell counters sample with blood and quntify,classify and deccribe cell populations using both electrical and optical techniniques ,urine analyser exams the urine.

- 1.Biochemistry Analyser

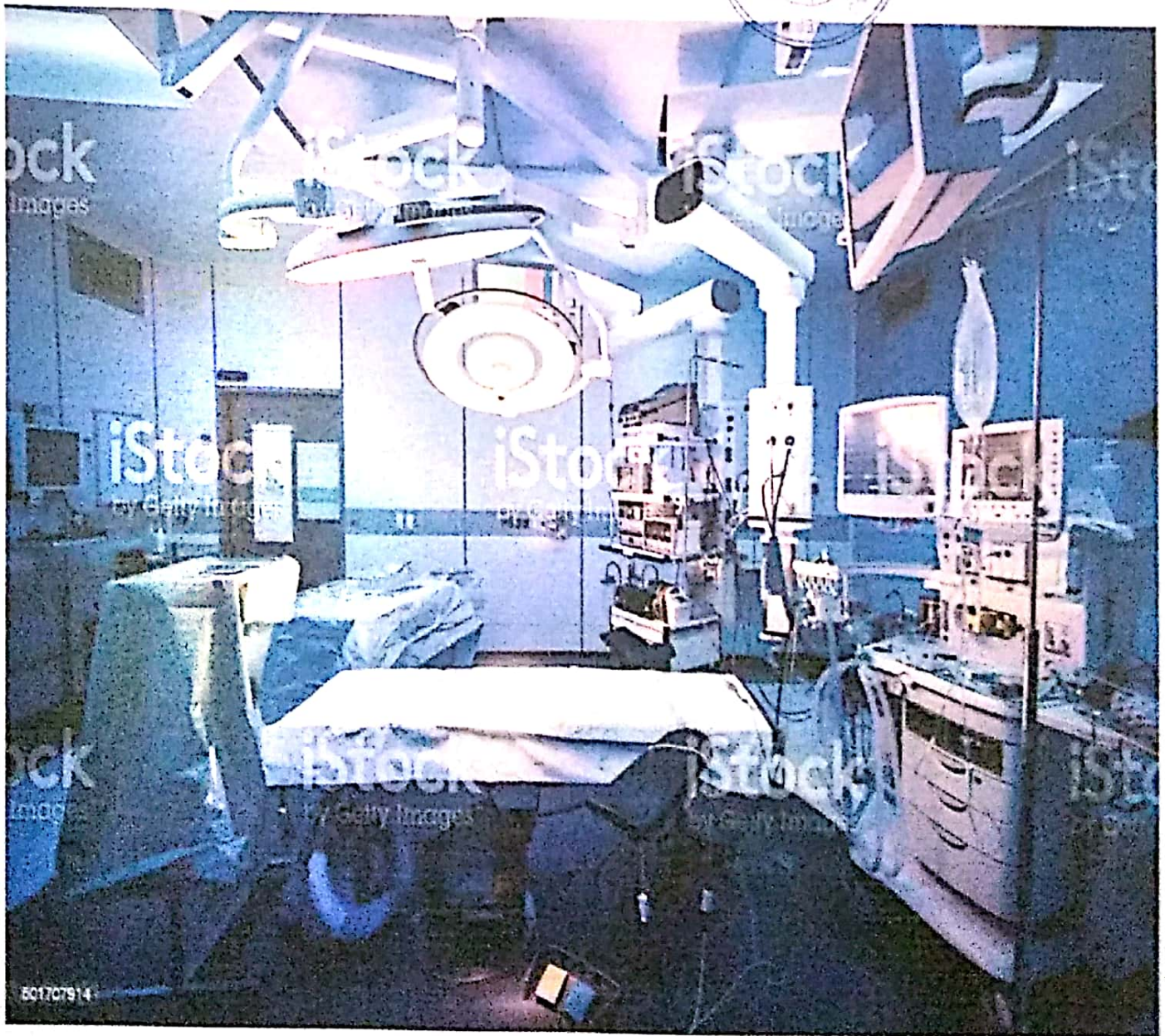
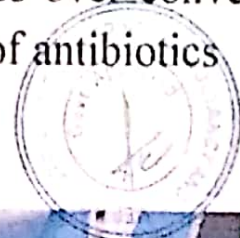




7.OPERATION THEATER

The proposed Hospital will focus on the use of latest technologies for surgical procedures like minimally invasive surgeries.

Laparoscopic surgeries have several advantages over conventional procedures like minimal length of stay and minimal usage of antibiotics

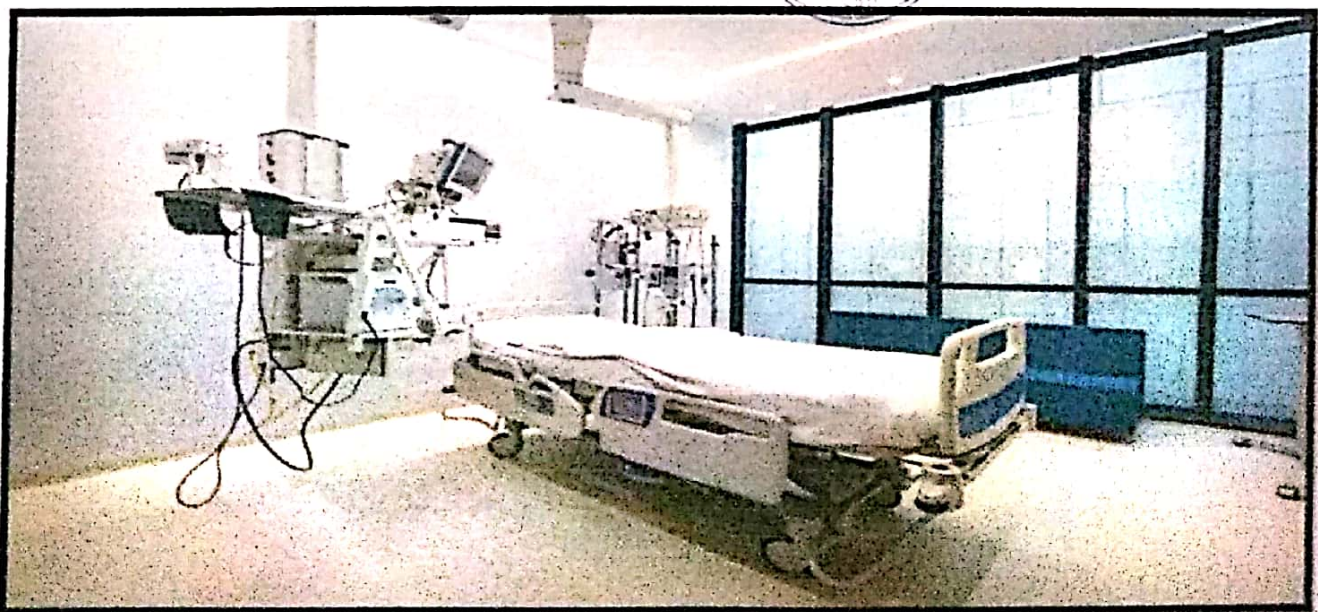


8. ICU (INTENSIVE CARE UNIT)

An intensive care unit (ICU), also known as an intensive therapy unit or intensive treatment unit (ITU) or critical care unit (CCU), is a special department of a hospital or health care facility that provides intensive care medicine.

Intensive care units cater to patients with severe or life-threatening illnesses and injuries, which require constant care, close supervision from life support equipment and medication in order to ensure normal bodily functions. They are staffed by highly trained physicians, nurses and respiratory therapists who specialize in caring for critically ill patients. ICUs are also distinguished from general hospital wards by a higher staff-to-patient ratio and access to advanced medical resources and equipment that is not routinely available elsewhere. Common conditions that are treated within ICUs include respiratory and cardiovascular, as well as neurology.

Patients may be referred directly from an emergency department or from a ward if they rapidly deteriorate, or immediately after surgery if the surgery is very invasive and the patient is at high risk of complication

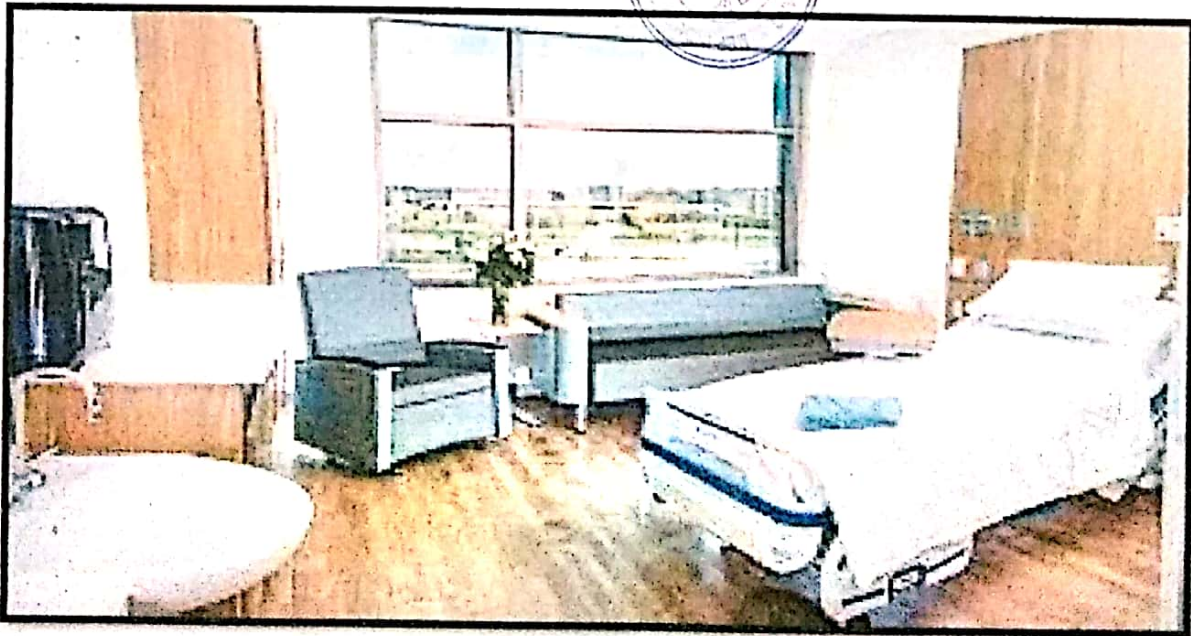


9.INPATIENT DEPARTMENT

IPD is a department in a hospital that takes care of patients admitted in the hospital for at least a night. An Inpatient Ward or Department is fully equipped with medical equipment and beds. The patient admitted to an Inpatient Ward is taken care of by the nurses and doctors for appropriate treatment.

Following are the list of IPD benefits that one may reap as an inpatient in a hospital:

- Constant care of doctors and nurses
- Proper diagnosis of your medical condition through lab tests
- Treatments related to cardiology, neurology, oncology, orthopedics, and general surgery
- After-care due to surgery, childbirth, or traumatic injury
- Pre-planned inpatient care for a knee transplant or bypass heart surgery
- Emergency healthcare for serious conditions like heart attack, accidental injuries



POLLUTION CONTROL

Apart from the other recommendations, the promoter has agreed in principle that he will strictly adhere pollution norms as and when shall be implemented and shall use all possible devices to prevent any sort of pollution and will follow all the guidelines as per the pollution Norms

A. BIO-MEDICAL WASTE MANAGEMENT

Policy on Hospital Waste Management

The policy statement aims to provide for a system for management of all potentially infectious and hazardous waste in accordance with the Biomedical waste (management and handling) rules ,1998 (BMW,1998)

DEFINITION OF BIO-MEDICAL WASTE

Biomedical waste means any waste which is generated during the diagnosis, treatment or immunization of human beings or animals or in research activities pertaining thereto or in the production or testing of biological including categories mentioned in the schedule of the biomedical waste

CATEGORIES OF BIOMEDICAL WASTE

Hazardous, toxic and biomedical waste has been separated in to the following categories for its safe transportation to a specific site for specific treatment

1. Human Anatomical waste: This includes human tissues, organs and body parts
2. Microbiology and Bio technology waste: This include waste from laboratory cultures, stocks, cell culture, infectious agents, wastes from production biological toxins, dishes and devices used for transfer of cultures.
3. Waste sharps: This comprises of needles, syringes, scalpels, blades, glass etc
4. Discarded Medicine and cytotoxic drugs: This includes wastes comprising of outdated contaminated and discarded medicines.



10. LAND AND BUILDING

The promoter of firm namely **WANI'S NURSING HOME** has arranged his own land at **MOMINABAD ANANTNAG J&K.** and constructed the building for establishing the said multi-specialty hospital as per the report and information provided by the said promoter. The site is having all infrastructural facilities like power supply, Water supply, road connectivity etc. to run the plant smoothly



5. Solid Waste: This includes wastes generated from disposal items other than the waste sharps, such as tunings, catheters, intravenous sets, other material contaminated with blood etc.

6. Liquid wastes: This includes waste generated from laboratory and washing, cleaning, housekeeping and disinfecting activities

7. Chemical waste: This contains chemical used in production of biological and chemical used in disinfection, insecticide etc.

SEGREGATION OF WASTE:

Segregation of waste should be done at the site of generation of Biomedical waste e.g all patients care activity areas, diagnostic services areas, operation theater labour rooms, treatment rooms etc.

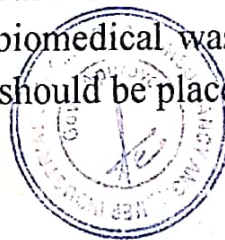
The responsibility of segregation should be with the generation of Biomedical waste that is Doctors, nurses, Technicians etc

The Bio medical waste should be segregated as per categories applicable

COLLECTION OF BIO MEDICAL WASTE:

Collection of biomedical waste should be done as per biomedical waste (Management and handling) rules 1099 (rule -6 –schedules ii).the collection bags and the containers should be labeled as per guidelines of schedule iii that is symbols for bio hazard and cytotoxic.A separate container shall be placed at every point of generation for general waste to be disposed of through convened Municipality Authority

The trolleys which are used to collect hospital waste should be designed in such a way that there should be no leakage or spillage of biomedical waste while transporting to designated site. All the items sent to deep burial should be placed

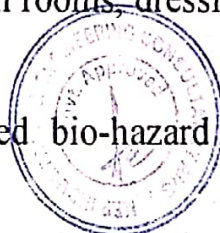


Types of container and color for collection of bio medical waste:

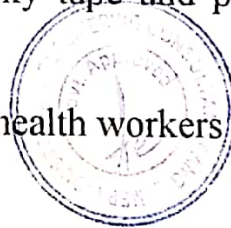
Those plastic bags which contain liquid like blood, urine ,pus etc should be put in to red color bag for microwaving and autoclaving and other items should be put into blue or white bag after chemical treatment and mutilation All the items (1,2,3,5) sent to deep burial should be placed in yellow colored bags

S no.	category	Type/container	Color coding
1	Human Anatomical waste	Plastic bag	yellow
2	Microbiology and biotechnology waste	Plastic bag	yellow
3	Waste sharp	Plastic bag, puncture proof container	Blue/white/translucent
4	Discarded medicine and cytotoxic waste	Plastic bag	Black
5	Solid waste	Plastic bag	Yellow/Red
6	Liquid waste	Plastic bag	Blue /white
7	Chemical waste	Plastic bag	Black

1. All the biomedical waste to be sent for treatment should be placed in red colored bags
2. Any waste which is sent to shredder after chemical treatment is to be packed in blue and white translucent bags
3. All containers having different colored plastic bags should be located at the point of generation of waste near OT tables, injection rooms, dressing trolleys, injection trolleys etc.
4. All the bags/containers must be labeled bio-hazard or cytotoxic with symbols according to the biomedical waste rules



5. It should be ensured that waste bags are filled up to three fourth capacity, tied securely and removed from the site of the generation to the storage area regularly and timely.
6. The quantity of collection should be documented in a register. the color plastic bags should be replaced and the garbage bin should be cleaned with disinfectant regularly
7. Bio medical waste shall be kept stored beyond a period of 48 hours.
8. The annual report, accident report as required under BMW rules should be submitted to the concerned authorities as per rules.
9. Mercury waste if any is a hazardous waste ,the storage ,handling ans disposal practice should be in line with the requirement as per govt rules.
11. Mercury contaminated waste should not be mixed with other biomedical waste or with general waste. it should not be swept down the drain and wherever possible. It should be disposed off at a hazardous waste facility or given to to a mercury based equipment manufacturer.
12. Mercury should be placed carefully in a container with some water. Any remaining beads of mercury will be picked up with a sticky tape and placed in a plastic bag, properly labeled
11. Stop should work to create awareness among health workers regarding



STORAGE OF WASTE

Storage refers to the holding of biomedical waste for a certain period of time at the site generation till its transit for treatment and final disposal.

1. No untreated biomedical waste shall be kept stored beyond a period of 48 hours
2. The authorized person must take the permission of the prescribed authority if for any reason it becomes necessary to store the waste beyond 48 hours
3. The authorized person should be take measures to ensure that the waste does not adversely affect human health and the environment in case it is kept beyond the prescribed limit

TRANSPORTATION:

1. Within the hospital waste routed must be designed to avoid the passage of waste through patient care areas as far as possible.
2. Seperate time schedules are prepared for transportation of biomedical waste and general waste.it will reduce chances of their mix
3. Trolleys or carts should be labeled and thoroughly cleaned and disinfected in the event of any spillage
4. The wheeled containers should be designed in such a manner that the waste can be easily loaded, remains secured during transportation does not have any sharp edges and easy to cleans and disinfect
5. Transportation of biomedical waste only in such vehicles as may be authorized for the purpose by the competent authority and must be labeled as per MMW rules.



B.TREATMENT OF HOSPITAL WASTE

GENERAL WASTE:

(Non hazardous, on toxic, on infectious)) The safe disposal of this waste should be ensured by the occupier through local Municipality Authority

BIO MEDICAL WASTE:

The Bio medical waste (BMW) which is to be generated by hospital shall be collected for scientific treatment at Bio-Medical waste Treatment at 4154 IGS lassipora which is nearer to the concerned authority

C. SAFETY MEASURES

1. Personal protection: Gloves (Disposable gloves, latex surgical gloves, heavy duty rubber gloves)
2. Masks: simple and cheap mask to prevent health care workers against aerosols, splashes and dust.
3. Protective glasses3. Plastic aprons
4. Special footwear

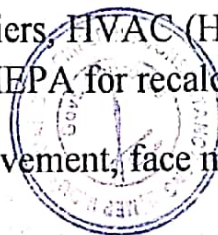
D.AIR BORN INFECTION CONTROL

1. Infections generally occur patient to patient, patient to health care workers, vistor, HCW to patent. Infections shall be controlled by

Administrative control: segregation of traffic flow of patients, Doctors, paramedical staff, movement of material, visitors, location of sinks and dispenser in hand washing, proper design of dumping of solid waste etc.

Environmental control: ventilation protection barriers, HVAC (Heat ventilation and Air conditioning system with high efficiency air filter HEPA for recalculated air

Respiratory protection controls: limited patient movement, face masks



E.ACCIDENTAL FIRE CONTROL

1. To prevent Fire Hazardous, the entrepreneur shall install fire extinguisher, Fire fighting system , sand buckets etc as per the norms of Fire and safety Deptt.

DG set appropriate rating whenever installed will be silent type (CPCB approved one) and will be installed as per pollution control board norms only after getting mandatory consent from concerning board.

Promoter has assured to obtain mandatory consent from the state pollution control Board and fallow strictly the rules and regulations of the said Board.

SEWRAGE TRAE TMENT PLANT

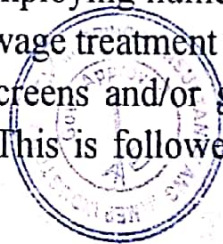
Sewrage treatment plants are an essential aspect of sanitation and water infrastructure. They are installed to collect wastewater from residential buildings or commercial properties that can not connect to the main sewage network, and then treat it to remove contaminants and purify organic matter.

Discharging the treated effluent to groundwater in safe and environmentally friendly manner, is a keystone to adhering to the EPA regulations and to protecting public health.

THE WORKING PRINCIPLE OF A SEWAGE TREATMENT PLANT

Domestic sewage treatment plants typically comprise of one or two chambers and utilise aeration to break down solids. After aeration, the remaining solids, including microorganisms, settle to the bottom of the tank to treat the next batch of wastewater. This is commonly known as activated sludge.

Large scale sewage treatment plants work by employing numerous physical, chemical, and biological treatment processes. A typical sewage treatment plant, in most cases, will first employ preliminary treatment involving screens and/or grit chambers to remove larger and heavier, often inert organic matter. This is followed by primary settlement tanks to remove less dense solid matter.



DESIGN CLACULATION AND PARAMETERS OF 30 KLD STP

TIGER BIOFILTER TECHONOLGY

DESIGN FLOW = 30 KLD =30 CUM PER DAY

1. SCREEN CHAMBER - 1NO.

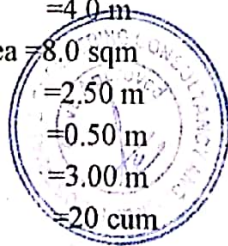
- a. Width of screen Chamber =500 mm
- b. Liquid Depth = 300 mm
- c. Length of Screen chamber =2000 mm
- d. Total Depth =700 mm

2. SLIDGE STORAGE TANK

- a) Area = 16.00 sqm
- b) Length = 4.30 m
- c) Width = 4.00 m
- d) Depth = 2.5 m
- e) Hydraulic volume = 43 cum
- f) Total Depth = 3.0 m

3. ANAERABIC STALIZATION REACTOR

- a) Flow =20 cum/day
- b) Mixing Chamber =2 no
- c) Surface area =3.80 sqm
- d) Width:length ratio =2.0 m
- e) Length of chamber =2.0 m
- f) Width =4.0 m
- g) Volume of chamber =10.0 cum
- h) Depth =1.30 m
- i) Free board =0.20 m
- j) Total Depth =1.50 m
- k) Digestive Chamber =1 no
- l) Flow rate =15 cum/hr
- m) Surface area =7.50 sqm
- n) Width:length ratio =2.00 m
- o) Length =2.00 m
- p) Width =4.0 m
- q) Close surface area =8.0 sqm
- r) Depth =2.50 m
- s) Free board =0.50 m
- t) Total depth =3.00 m
- u) Volume =20 cum



LIQUID STORAGE TANK CALCULATION-1 DISCHARGING TANK

- a) Discharge =20 cum/day
- b) Required Volume =10 cum
- c) Depth =2.70 cum
- d) Area =3.70 sqm
- e) Length =2.40 m
- f) Width =1.50 m
- g) HydarulicVol =9.72 cum
- h) Total Depth =3.00 M
- i) Total volume =10.80 cum

5.BIO FILTER

Total Flow =20cum/Day

Inlet BOD =500 mg/l assume

Inlet TSS =700 mg/L

Hydraulic Load approach

Flow =1.50 cum/Day/Tank

Length =3 m

Width=3.0 m

Area = 9.0 sqm

.LIQUID STORAGE TANK.II

Number =01

Flow = 20 cum

Volume =10.0 cum

Depth =2.70 cum

Area =3.70 cum

Length =2.40 cum

Width =1.50 m

Hydarulic Volume=9.72 cum

Total Depth =3.00 m

FD =0.30 m



FILTERED FEED TANK

Number =01

Flow = 20 cum

Volume =10.0 cum

Depth =2.70 cum

Area =3.70 cum

Length =2.40 cum

Width =1.50 m

Hydarulic Volume=9.72 cum

Total Depth =3.00 m

FD =0.30 m

8.TREATED WATER TANK

Number =01

Flow = 20 cum

Volume =10.0 cum

Depth =2.70 cum

Area =3.70 cum

Length =2.40 cum

Width =1.50 m

Hydarulic Volume=9.72 cum

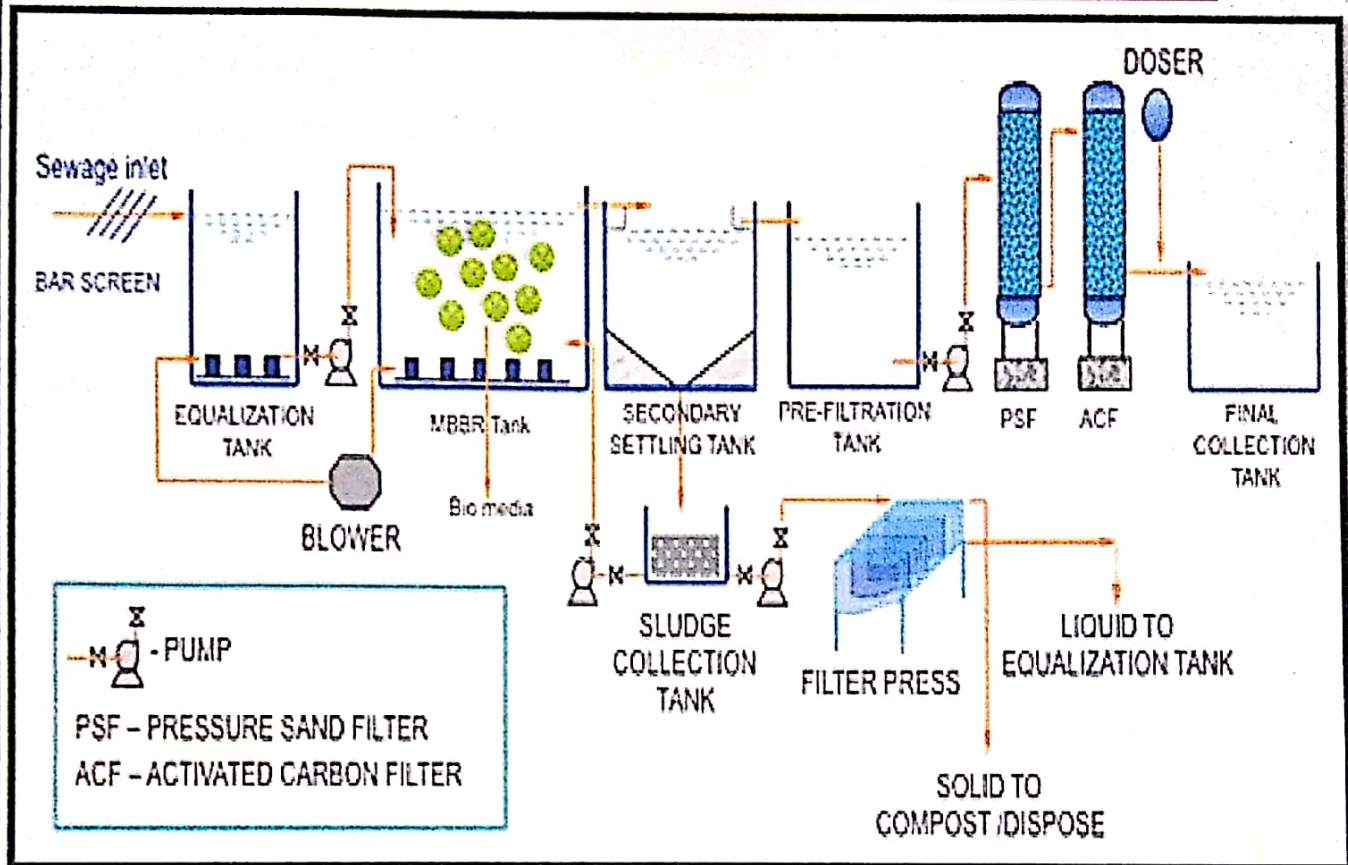
Total Depth =3.00 m

FD =0.30 m

Total Depth =3.30 cum



SCHEMATIC DAIGRAM OF MMBR TECHONOLGY 30 KLD STP



ESTIMATED SEWRAGE =90% OF TWD

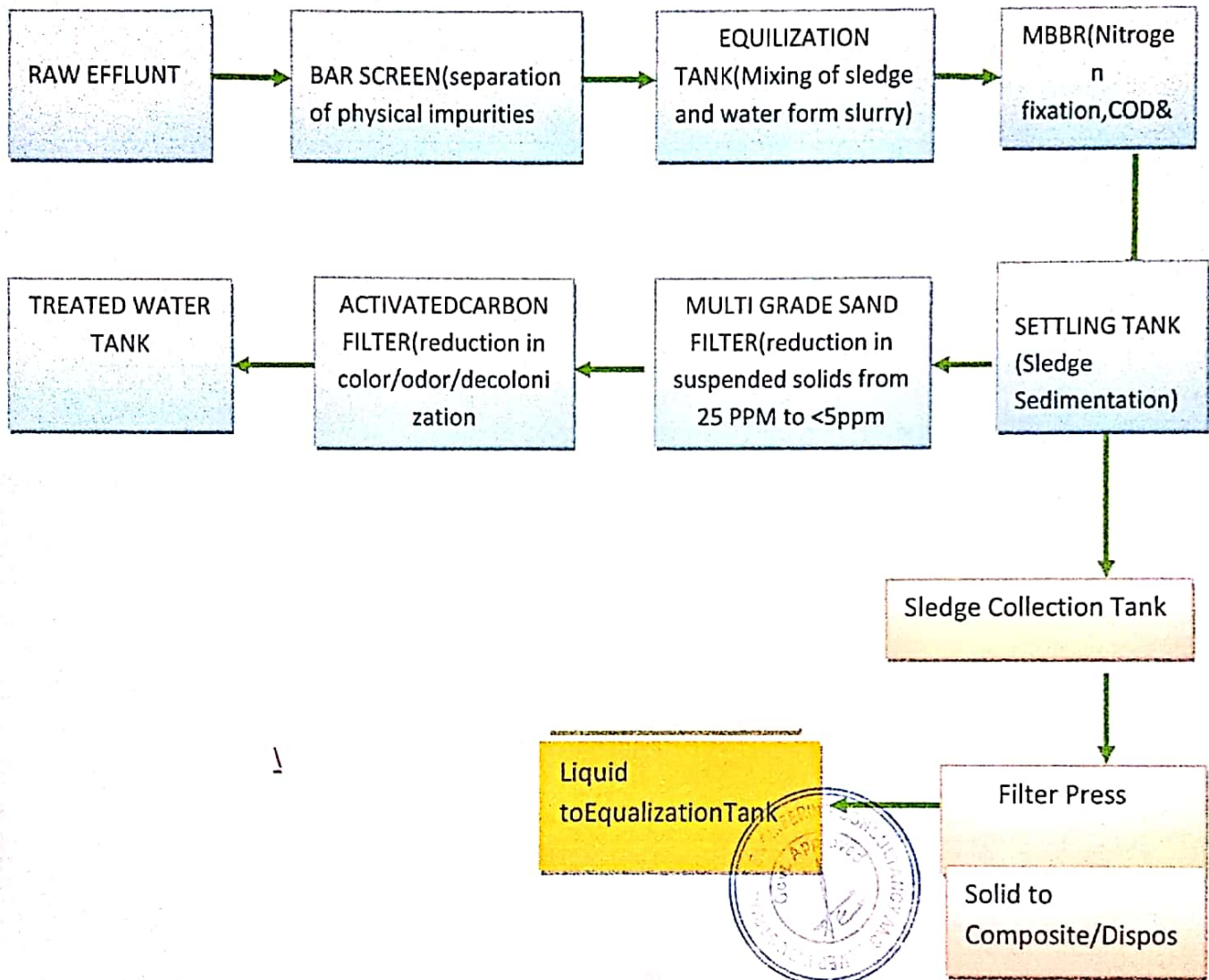
SPACE REQUIREMENT FOR 30 CUM STP

STANDARD DEPTH (LIQUID DEPTH) =3.0 METRS

SIZE OF 20 KLD STP =6.65 CUM = 4 M X 3 M X1.67 M



BLLOCK DAIGRAM



DOMESTIC WATER SUPPLY FOR HOSPITAL. The average daily domestic requirement of water for bathing ,washing and toilet flushing for hospital where no. of beds not exceeding 100 is 340 liters per day per patient, Attendants and Staff is 135 LPD per person, outdoor patients is 35 LPD per person as recommended by the breau of Indian standards code of practice for water supply. Source of water will be PHE Deptt.

PERTICULARS	QTY	UNIT	AVG. DAILY REQ.
STAFF	27	PERSONS	135 LITERS /DAY/ PERSON
INDOOR PATIENT CAPACITY (40 BEDS) MAXIMIUM	40	PERSONS	340 LITERS/DAY/PATIENT
ATTENDENTS	40	PERSONS	135 LITERS/DAY/ PERSON
OUT DOOR PATIENTS	60	PERSONS	35LITERS /DAY/ PERSON
WATER CALCULATION BREAK UP			
1-Total Water requirement per day for Staff		3645.00	liters
2-Domestic water required per day for Staff		2551.50	liters
3-Flushing water required per day for staff		1093.50	liters
1-Total Water requirement per day for indoor patients		6800.00	liters
2- Domestic water required per day for indoor patients		4760.00	liters
3-Flushing water required per day for indoor patients		2040.00	liters
1-Total Water requirement per day for Out Door patients		2100.00	liters
2-Domestic water required per day for Out door patients -		1470.00	liters
3-Flushing water required per day for Outdoor patients		630.00	liters
1-Total Water requirement per day for Attendants		2700.00	liters
2-Domestic water required per day for Attendants		1890.00	liters
3-Flushing water required per day for Attendants		810.00	liters
Total flusing water required per day		4573.50	liters



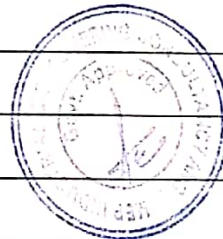
IMPLEMENTATION SCHEDULE

Implementation of the project involves various activities and it is expected 08 months will be sufficient to complete all activities of the project till commercial production achieved.

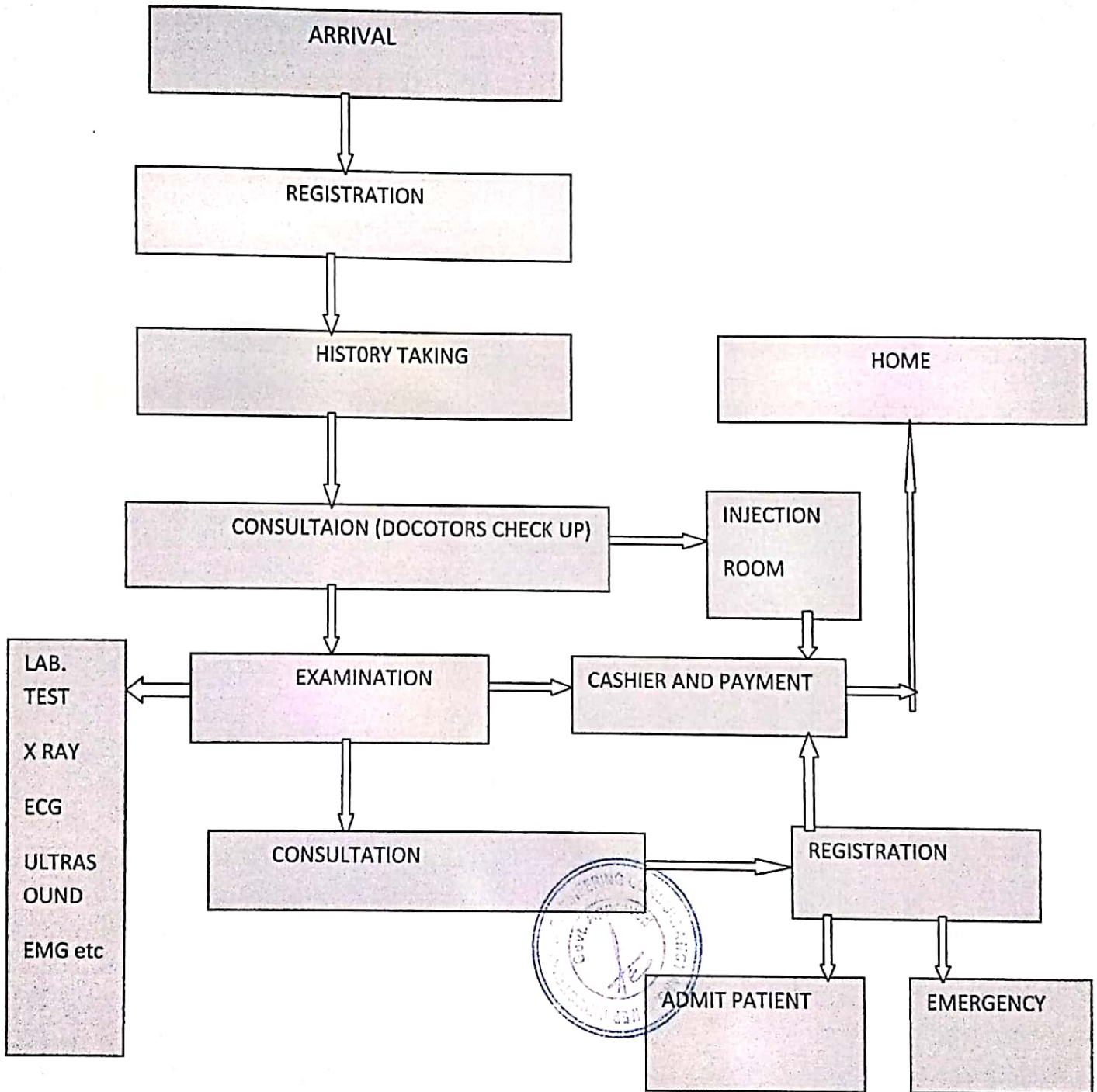
SNO.	ACTIVITY PERTICULARS	MONTHS							
		1	2	3	4	5	6	7	8
1	DPR,MSME and other Registrations	█	█						
2	PCB,PDD and Other Documents		█	█					
3	Bank formalities and Disbursement				█	█			
4	Installation of Machinery & Equipments						█		
5	Hiring of employees							█	
6	Start								█

COLOR CODING

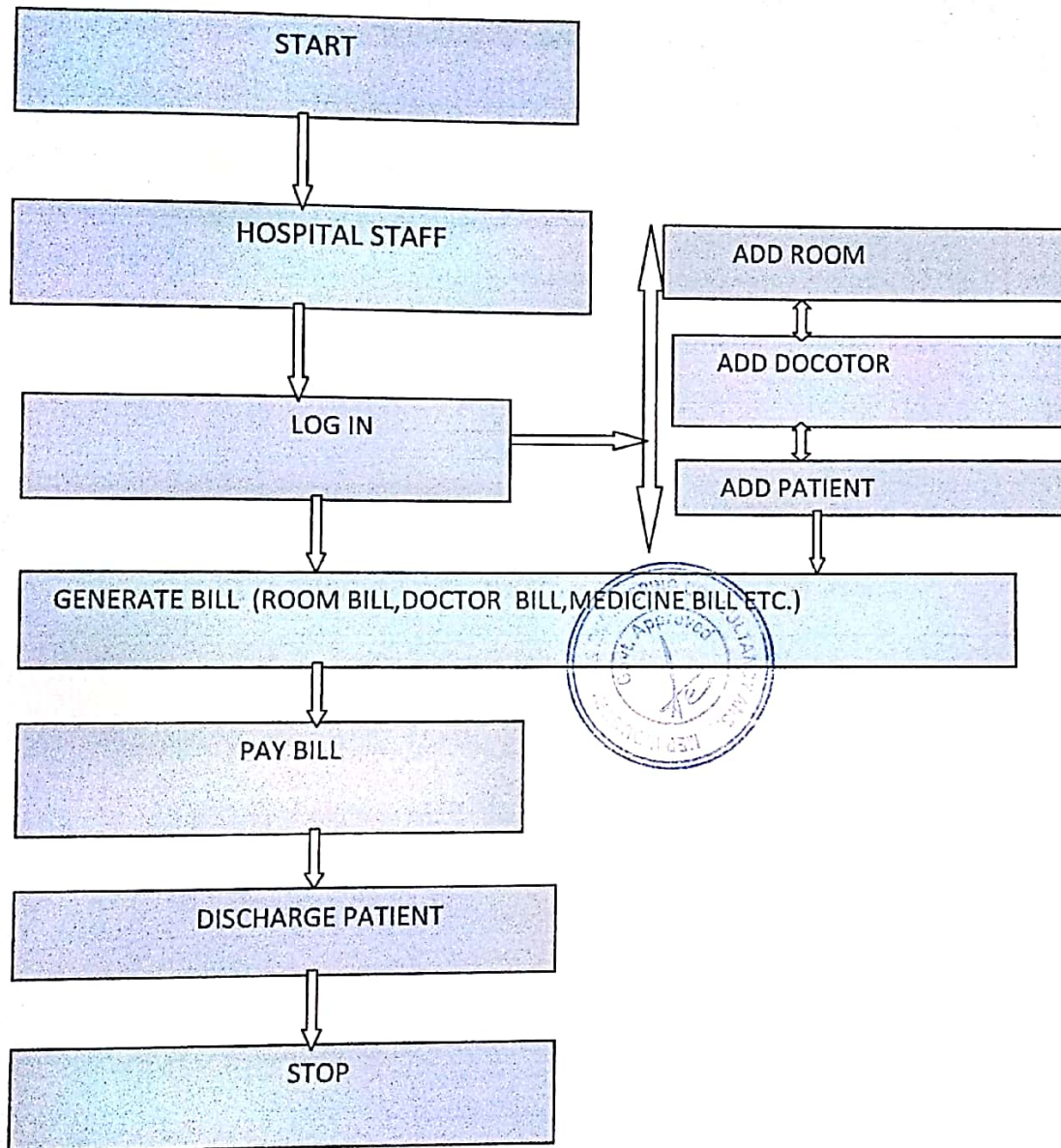
█	DPR,MSME and other Registrations
█	PCB,PDD and Other Documents
█	Bank formalities and Disbursement
█	Installation of Machinery & Equipments
█	Hiring of employees
█	Start



PATIENT FLOW CHART DIAGRAM IN HOSPITAL



FLOW CHART DIAGRAM FOR HOSPITAL MANAGEMENT SYSTEM



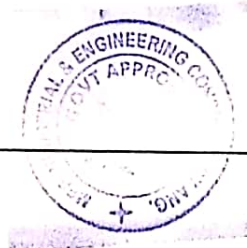
MEP INDUSTRIAL AND ENGINEERING CONSULTENCY ANANTNAG (GOVT. APPROVED)
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DEVELOPMENT OF LAND

The Land of the promoter is already developed one and does not need incur any cost on this account. The land is around 4.00 Kanal 3.00 Marlas as per revenue record under khasra no The built up area/plinth area of the (G+2+Attics) building for proposed Hospital is 6500 Sqft. Moreover, the location of the proposed Hospital has available all infrastructural facilities viz power supply, Water supply, road connectivity etc. to run the activity smoothly.

BRIEF NOTE OF PROPOSED HOSPITAL

BUILDING STRUCTURE	-	FRAMED
TYPE OF STRUCTURE	-	RCC
TOTAL NO. OF FLOORS	G+2+Attics	FLOORS
PLINTH AREA OF THE BULDING IN SQFT	4,696.50	SQFT
PLINTH AREA OF THE BULDING IN SQM	436.48	SQMT
CAPACITY OF THE PROPOSESD HOSPITAL	40	BEDED
TOTAL LAND AVAULABLE	4	KANAL
	3	MARLAS
		SARSAI



Abstract of (G+2) Building for proposed Hospital

Type of structure:- RCC framed structure

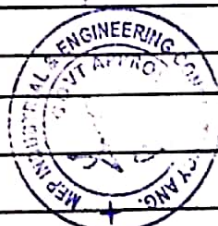
No. of floors:- G+2+Attics

Type of foundation:- Mat Foundation

Plinth area (as per drawing enclosed) in square fee:-436.48 sqm

Total built up area of ground floor and balcony:-

S.no	Particulars of item	units	Qty.	Rate/unit	Amount in Rs
1	Rcc framed structure floor height 3.60 meter	sqm	436.48	16500	7201881.97
Total Amount in Rs (A)					7201881.97
2	Extra for 0.30 meter or part thereof, deeper foundation over normal depth of 1.20 meter (on ground floor area only)	sqm	436.48	200	87295.53903
3	Extra for 0.30 meter or part thereof, higher plinth level height over normal height of 0.60 meter (on ground floor area only)	sqm	436.48	370	161496.7472
Total Amount in Rs (B)					248792.2862
4	Add for steel roofing truss in builtup section (plinth area = 436.48sqm @48kgs/sqm	kgs	20,951	138.2	2895418.439
5	Add for providing and fixing of hib rib colour coated sheet roofing of 0.50mm including polymer coated J or L Hooks and GI limpit washer includes ridges and valleys complete job(plinth area = 436.48x1.5	sqm	436.48	1500	654716.5428
6	Fire fight (with wet riser and sprinkler system)	sqm	436.48	1200	523773.2342
7	Automatic fire alaram system	sqm	436.48	600	261886.6171
8	Bed lift with power operated doors and AC operated doors & variable voltage and variable frequency carrying capacity of 8 passangers , speed= 1.5m/s, travel height =G+2 floors	no's	1	655000	655000
9	Extra for internal water supply and sanitary instalations @4% of (A)				288,075.28
10	Electrical External service connection @3.75% of (A)				270,070.57
11	Extra for internal Electrical installation @12.5% of (A)				900,235.25
12	Extra For Civil External connections @1.25% Of (A)				90,023.52
13	Extra power wiring and plugs @4% of (A)				288,075.28
14	Extra for lightining conducts @0.25% Of (A)				18,004.70
15	HVAC (VRF) Heat ventilation and air conditioning System				2,820,900.00
16	Provisoin for septic and sokage pits				980,000.00
Total Amount in Rs (C)					10,643,179.44
Grand Total in Rs (A+B+C)					18,093,853.70
Grand Total in LACS (A+B+C)					180.94



PLANT AND MACHINERY

MEDICAL EQUIPMENTS

SNO	PERTICULARS	Qty	price(lac)	Amt(Lacs)
RADIOLOGY AND IMAGING EQUIPMENTS				
1	USG WTH TOUCH SCREEN BROAD BAND ,4C-RS CONVEX PROBE HAVING MULTIAPPLICATIONS WITH ALL STANDARD ACCESSARIES (P9 COLOR DOPPLER AND THERMAL PRINTER)	1	25.80	25.80
2	C-ARM MACHINE WITH 1280X 800 RESOLUTION ,270 DEG. SWIVEL WITH HIGH NO OF PIXEL AND VIDEO BAND WITH ALL ALLID ACCESSARIES	1	18.50	18.50
3	DIGITAL 12 LEAD ECG MACHINE WITH ACCESSARIES	1	0.95	0.95
4	LITHOTRIPTER AND COMPRESSOR	1	1.45	1.45
INSTRUMENTS AND EQUIPMENTS FOR OPD				
1	BP APPARATUS WITH MONITOR	4	0.02	0.08
2	STETHOSCOPE	6	0.005	0.03
3	PULSE OXYMETER	8	0.009	0.07
4	TONGUE DEPRESSOR	3	0.0015	0.00
5	WEIGHT MACHINE AND MEASURING STAND	3	0.02	0.05
6	X -RAY VIEWER BOX	3	0.02	0.06
7	FOETAL DOPPLER	2	0.12	0.24
LABORATORY EQUIPMENTS(BIOCHEMISTRY,CLINICAL PATHOLOGY,STERLIZATION)				
1	AUTOMATED HEMATOLOGY ANANLYSER/CELL COUNTER WITH ALLIED ACCESSARIES	1	6.50	6.50
2	BIOCHEMISTRY ANANLYSER WITH ALLIED ACCESSARIES	1	3.50	3.50
3	ELECTROLYTE	1	0.85	0.85
4	CENTRIFUGE WITH ALL ACCESSARIES	1	0.55	0.55
5	WATER BATH WITH ALL ACCESSARIES	1	0.32	0.32
6	MICROSCOPE WITH ALL ACCESSARIES	1	0.30	0.30
7	FULLY AUTOMATED URINE ANALYSER	1	0.85	0.85
8	VDRL SHAKER WITH ACCESSARIES	1	0.22	0.22
9	HOT AIR OVEN	1	0.20	0.20
10	LAB. REFRIGERATOR	1	0.60	0.60
11	AUTOCLAVE	1	0.50	0.50
12	HOT AIR OVEN FOR STERLIZATION	1	0.90	0.90



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OPERATION THEATER EQUIPMENT

1	OT TABLE FULLY LOADED WITH ALL ACCESSARIES	1	15.50	15.50
2	SEMI FCWLER BED ABS PANEL	1	0.23	0.23
3	ORTHO ATTATCHMENT	1	0.80	0.80
4	ANTHESIA MACHINE WITH VENTILATOR	1	5.25	5.25
5	DELIVERY BED THREE FOLD WITH ACCESSARIES	1	0.32	0.32
6	BED SIDE LOCKER	40	0.09	3.60
7	OVER BED TABLE	40	0.07	2.80
8	BABY WARMER	2	0.97	1.94
9	CRASH CART TROLLEY	2	0.24	0.48
10	OT LIGHT DOUBLE DOM LED	2	1.48	2.96
11	OT LIGHT SINGLE DOM AL 72 LED	1	0.95	0.95
12	SRUB STATION SS WITH OUT SENSE	1	1.30	1.30
13	SRUB STATION SS WD SENSER WALL	1	1.30	1.30
14	THREE FOLD SCREENER	4	0.08	0.32
15	FOGGER MACHINE	2	0.52	1.04
12	DEFIBRILLATOR PHILIPS	2	1.50	3.00

INTENSIVE CARE UNIT (ICU)

1	MULTIPARAMETER PATIENT MONITOR	2	3.00	6.00
2	DEFIBRILLATOR (PACER AND AED)	1	1.20	1.20
4	SYRENCE PUMP	1	0.50	0.50
6	ELECTROCARDIOGRAPH	1	0.3	0.30
7	OXYGEN CONCENTRATOR WITH ACCESSARIES	2	0.35	0.70
8	ICU BED WITH ALL ACCESSARIES	3	0.65	1.95
9	ICU VENTILATORS (PATIENT MONITOR, MECHANICAL VENTILATOR, HUMDIFIER, EXHALED AIR FLOW, FILTR, NEUBLISER ETC) WITH ALL ACCESSARIES	3	8.50	25.50
10	TROLLEY GENERAL PURPOSE	2	0.25	0.50
11	INFUSION STAND	2	0.04	0.08
12	INFANT RADIANT WARMER	2	0.65	1.30
13	REFRIGERATOR	2	0.45	0.90



LABOUR WARD, NEO NATAL AND NEW BORN CARE

1	HP Apparatus & Stethoscope	3	0.02	0.06
2	Baby Incubators	1	0.05	0.05
3	Phototherapy Unit	1	0.10	0.10
4	Standard weighing scale	1	0.04	0.04
5	Cotton clothes	1	0.22	0.22
6	Laundry Kit	1	0.35	0.35
7	Vacuum extractor metal	1	0.14	0.14
8	Mobile Oxygenator baby & adult	1	0.03	0.03
9	Central Oxygenator baby & adult	1	0.06	0.06
11	Netcotroler baby	1	0.04	0.04

REQUIREMENT FOR GENERAL WARDS

1	20 HOSPITAL BED INCLUDING TABLE AND DESK	40	0.15	6.00
2	Bed side table	40	0.05	2.00
3	WATER STAND	4	0.03	0.12
4	WATER TAP	1	0.02	0.02
5	WATER CUP	4	0.15	0.60
6	WATER SET	1	0.06	0.06
7	WATER TAP	2	0.25	0.50
8	WATER EMERGENCY	1	0.35	0.35
9	WATER MEDICINE	1	0.4	0.40
10	WATER PATENT STRETCHER	1	0.12	0.12
11	OXYGEN REGULATOR	10	0.18	1.80
12	OXYGEN CONCENTRATOR	2	0.35	0.70
13	WATER TAP (Water Treatment Plant)	1	6.50	6.50
14	WATER TAP	1	3.00	3.00

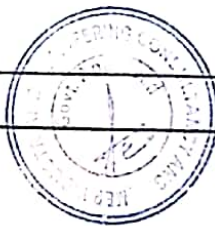
TOTAL AMOUNT				166.50
ADD 18% GST				29.97
ADD LOADING, UNLOADING, CARRIAGE AND COMMISSION CHARGES				3.27
TOTAL COST				199.74



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MISC. FIXED ASSETS

SNO.	PERTICULARS	UNIT	QTY	RATE	Amt(lacs)
1	Office Furniture and Fixtures(Exective chair,office chair, sofa ,chairs and tables,audio- video system,furnishing items,LED lamps etc.)	LS	LS	LS	2.50
2	Clothing lockers	Nos	12	0.10	1.20
3	Furniture for OPD (Chair,Bench ,Bed, Desk)	Sets	3	0.65	1.95
4	Waiting Chairs for OPD patients	Nos	30	0.03	0.90
5	Tablet counter,Drug cabinet,Trays	set	2	0.50	1.00
6	Desktop with printer and scanner	Nos	2	0.65	1.30
7	Photostat Machine with accessories	Nos	1	0.80	0.80
8	DG Set of required power rating will be provided by concerned DIC Deptt. under 100 % subsidy as per industrial policy 2021-2030 after proper verification by DIC deptt.	Nos	1	-	-
9	Refrigerator ,pharmacetical	set	1	0.50	0.50
10	kitchen accessaries(cooking pot,gascooker,peeler,food trolley,flasks,oven,FLasks etc)	set	1	1.65	1.65
11	Fire extingusher	No	12	0.06	0.06
12	Container for Disposal items	no.	10	0.05	0.50
13	150-200 kva Distribution Trnasfermer ,oil immersed ,naturally cooled,out door type,cu winding,HT and LT ploes ,condutor ,insulators,earthing and allied accessaries	No	1	6.38	6.38
14	200 KVA voltage steblizer with all allied accessaries	No	1	2.40	2.40
15	CC TV System with dome,bullet,desktop,bluetooth ,camera junction,cable,NVR etc (complete set)	set	1.0	1.50	1.50
16	Modular Operation theaters with puf pannel and other accessaries	CJ	CJ	27.85	27.85
17	ALS Ambulance (Advanced Life support Ambulance)	Nos	1.0	13.50	13.50
TOTAL AMOUNT					64.00



PRELIMINARY AND PREOPERATIVE EXPENSES

SNO	PARTICULARS	AMOUNT(LACS)
A		
PROPOSED PRELIMINARY EXPENSES		
1	Registration fee ,pollution fee, Electrical fee ,Municipality fee if any.	2.90
2	Project report preparation fee, Estimation ,survey, Bulding Plan etc	0.20
B		
PROPOSED PREOPERATIVE EXPENSES		
1	Stamp duty, legal documentation, security deposits and start up expenses etc.	2.58
2	Printing and stationery, travelling & conveyance expenses, communication exp. Etc	0.64
TOTAL AMOUNT(A+B)		6.32

PROVISION FOR CONTINGENCIES

Provision for contingencies has been made on non firm costs of the project i.e Equipments, plant and machinery and Misc. fixed assets. This is expected to take care of any unforeseen as well as escalation in the cost of above items during the course of implementation of the project and has been calculated to be 4.00 lacs as summarized below cost of fixed assets.

SNO	PARTICULARS	AMOUNT IN LACS
1	Plant and machinery Equipments	166.50
2	Misc. fixed assets	64.00
Total		230.50
Contingency		4.00

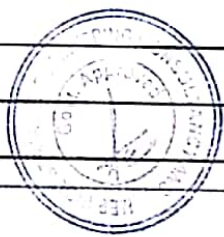
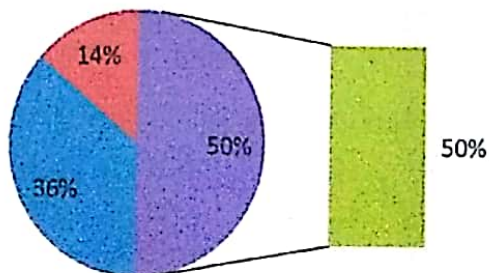


Chart Title

■ 1 ■ 2 ■ 3



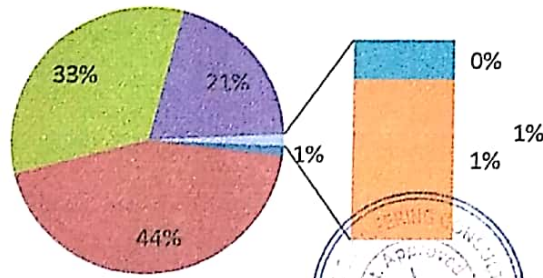
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COST OF FIXED ASSETS

SNO	PARTICULARS	AMOUNT IN LACS	
1	CIVIL WORKS	180.94	lacs
2	PLANT AND MACHINERY	199.74	lacs
3	MISC FIXED ASSETS	64.00	lacs
4	PRELIMINARY AND PROPERATIVE EXPENSES	6.32	lacs
5	PROVISION FOR CONTIGENCY	4.00	lacs
TOTAL AMOUNT		455.00	lacs

Chart Title

■ 1 ■ 2 ■ 3 ■ 4 ■ 5 ■ 6

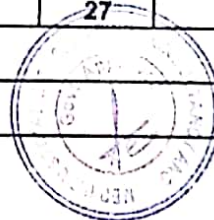


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B) WORKING CAPITAL

DETAILS OF SALARY WAGES PER ANNUM

SNO	PERTICULARS	NO.	SALARY/MONT	SALARY PER ANNUM	
ADMINISTATIVE STAFF					
1	MANAGER	1	25000	3.00	LACS
2	ACCOUNTANT	1	12000	1.44	LACS
3	COMPUTER OPERATER	1	8000	0.80	LACS
4	PEON /CHOWKIDAR	2	6000	1.44	LACS
TECHINICAL/MEDICAL/PARA MEDICAL STAFF					
1	SR. RESIDENT	1	35000	4.20	LACS
2	Jr. RESIDENT	1	25000	3.00	LACS
3	GYNOCOLOGIST	1	40000	4.80	LACS
4	SURGEON	2	35000	8.40	LACS
5	RADIOLOGIST	1	30000	3.60	LACS
6	NURSES	8	10000	9.60	LACS
7	ANESTHETIC DOCTOR	1	25000	3.00	LACS
8	X RAY TECHNITION	1	6500	0.78	LACS
9	LAB TECHNITION	1	6000	0.72	LACS
10	PHARMACIST	1	6000	0.72	LACS
11	OT TECHNITION	2	7000	1.68	LACS
12	DIETICIAN	1	6500	0.78	LACS
14	ELECTRICAN AND PLUMBER	1	6000	0.72	LACS
GRAND TOTAL		27		48.68	LACS
ADD BENEFITS AND FRINGES @ 15%				7.30	LACS
TOTAL WAGES				55.98	LACS

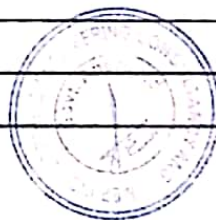


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UTILITIES AND OTHER EXPENSES

TOTAL CONNECTED LOAD : 190 HP ,BREAK UP

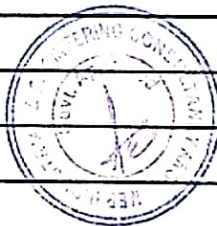
sno.	Perticulars	load	unit
1	General lighting	10.0	KW
2	Conveince power	8.0	KW
3	work station power including patient bed	1.8	KW
4	HVAC Load	30.0	KW
5	Ventilation Load	15.0	KW
6	plumbing load	10.0	KW
7	fire figting load	12.0	KW
8	STP /ETP	6.0	KW
9	Elevator	8.0	KW
10	Medical Equipment	30.0	KW
11	External/Landscape lighting	5.0	KW
12	UPSC Load	6.0	KW
13	Total load in Kw	142	KW
14	Total Load in Hp	190	HP
3	Total connected load in KVA	177.20	KVA
4	No. of working Days	300.0	days
5	No. of working Hours per days	8.00	Hours
6	power from PDD Department	340.224	units
7	power from DG SET	-	units
8	Power Tariff from Pdd Deptt.@3.75/unit	1275.840	Rs
9	cost of power from DG set@5.0/unit	-	Rs
TOTAL AMOUNT		12.76	lacs



CONSUMPTION OF MEDICINE/CHEMICALS /FILMS AND SURGICAL ITEMS

ASSUMPTIONS:

SNO	PARTICULARS	UNIT	QTY	Rate	AMT IN lacs
A) FILMS/CHEMICAL/KIT FOR TESTS					
1	USG films	ROLL	3,000	500	15.00
2	Endoscopy and colonoscopy films	ROLL	3,200	550	17.60
3	Slides	Box	2,000	100	2.00
4	Sugar kit	kit	900	800	7.20
5	Uric acid kit	kit	600	1,200	7.20
6	TG kit	kit	400	1,200	4.80
7	Cholesterol kit	kit	200	4,700	9.40
8	HDL kit	kit	900	1,000	9.00
9	Total/Direct Bilerubin kit	kit	900	1,500	13.50
10	OT/PT kit	kit	150	7,000	10.50
11	ALP kit, Total protein ,Albumin kit, serum amylase-calcium-phosphorus kit ,NA-KA kit	LS	LS	200,000	2.00
12	Cover slips, bottles for samples, cotton, disposable syringes, gloves, masks, ECG paper, Gel etc				0.50
TOTAL					98.70
B) X-RAY FILMS FOR TESTS					
1	x-ray film 8x10 /150 films	Boxes	300	8,800	26.40
2	x-ray film 11x14 /150 films	Boxes	85	15,385	13.08
3	x-ray film 14X 17/120 films	Boxes	8	16,385	1.31
4	Envelop/packing material			LS	0.50
TOTAL					41.29
C) MEDICINE/DRUGS AND USE AND THROUGH EQUIPMENTS FOR GYNE PATIENTS					
1	Surgical -Equipment like ceaser ,blades, artry, alles forecep. tooth forcep, plane -forcep, needle holder, retractor, spinal needle., gloves, dispo items and other consumable items	set	900	3000	27.00
2	Drugs/ointments like Antibiotic, Antipyritic, Ananalgsic, Antiseptic, oxytocin, RL, DNA and other allied Drugs, ointments	3 days/p	500	4500	22.50
3	All Disposal items	LS	LS	LS	3.50
TOTAL					53.00
G.TOTAL					192.99

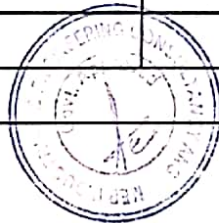


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 B.O:- 3rd FLOOR SOFI COMPLEX, OPPOSITE AXIS BANK, NEAR SHAHI BAKERY KP ROAD ANANTNAG.

TURNOVER / REVENUE / INCOME ESTIMATE

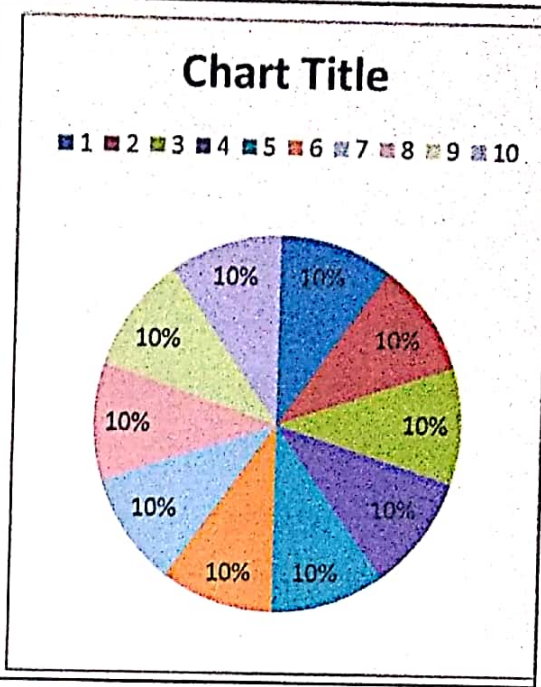
1	OCCUPENCY	80-100%
2	AVGERAGE LENGTH OF THE STAY	3 Days
3	TOTAL NO. DAYS	365
4	NO. OF BEDS	40
5	NO. OF ADMISSIONS	4866

Sl. No.	Particulars'	Unit	Qty	Rate	Amount in lacs
1	Income from Major surgery	patients	1800	12000	216.00
2	Income from Minor surgery	patients	2000	6000	120.00
3	Income from Gyne patients	patients	900	15000	135.00
4	Charges on USG	NO	5475	500	27.38
5	Chrages On Endoscopy	NO	1800	2500	45.00
	Charges on Cardiography	NO	1600	2800	44.80
5	CBC complete test	person	1625	1300	21.13
6	KFT	person	2920	650	18.98
7	LFT	person	3650	400	14.60
8	Lipid profile Test	person	3,000	300	9.00
9	Uric Acid test	person	5475	200	10.95
10	Electrolyte test(K,cld,ca)	person	2000	300	6.00
11	Blood sugar test	person	8000	70	5.60
12	income from 8 x10 x-ray films	No's	1200	200	2.40
13	income from 14x10 x-ray films	No's	650	300	1.95
14	income of 14 x 17 x- ray films	No's	500	350	1.75
15	income from in patient consultation	No's	7300	500	36.50
TOTAL AMOUNT					717.02



REPAIRS AND MAINTENANCE OF FIXED ASSETS

Sl. No.	year	Total cost of Fixed	COMPO. 5%	Amount
1	First	444.68	1.5%	6.67
2	2nd	444.68	2.0%	8.89
3	Third	444.68	2.5%	11.12
4	Fourth	444.68	3.0%	13.34
5	Fifth	444.68	3.5%	15.56
6	sixth	444.68	4.0%	17.79
7	seventh	444.68	4.5%	20.01
8	eighth	444.68	5.0%	22.23
9	Ninth	444.68	5.5%	24.46
10	Tenth	444.68	6.0%	26.68



PROJECT COST SUMMARY

1	CIVIL WORKS (constructed)	180.94	LACS
2	PLANT AND MACHINERY	199.74	LACS
3	MISC. FIXED ASSETS	64.00	LACS
4	PRELIMINARY & PREOPERATIV EXP.	6.32	LACS
5	PROVISION FOR CONTIGENCY	4.00	LACS
FIXED ASSETS		455.00	LACS
6	WORKING CAPITAL REQ. AT 70% Cap. Utilization	21.00	LACS
TOTAL COST OF PROJECT		476.00	LACS

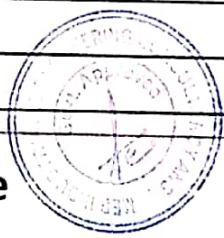


Chart Title

