

10/2/2020

QB-55039

## Application Form for Quality Assurance Scheme for Basic Composite Medical Laboratories (Entry Level)

We apply for Quality Assurance Scheme for Basic Composite Medical Laboratories (Entry Level) for our Basic Composite Testing Medical laboratory as per details given below:

### 1. Laboratory Details

1.1 **Name of the Laboratory :-** LABORATORY, GENERAL HOSPITAL JAMKHAMBHALIYA  
**Location and Address:-** Room no 26, GENERAL HOSPITAL JAMKHAMBHALIYA, Salaya Char rasta  
**District:-** Devbhoomi Dwarka **Pin Code:-** 361305 **State:-** GUJARAT  
**Telephone No.** 02833-237404, **Fax -----E-mail:-** lab.health.jamkhambhaliya@gmail.com

1.2 **Legal identity of the laboratory and date of establishment-** ROOM NO.26  
 GENERAL HOSPITAL - JAMKHAMBHALIYA.

(Please give Registration No. and name of authority who granted the registration. Copy of the certificate shall be enclosed)

1.3 **Goods and Service Tax (GST) Number along with PAN/TAN Number:-** NOT APPLICABLE

1.4 **Indicate exactly how the name of the laboratory is going to appear on the certificate**

In English LABORATORY, GENERAL HOSPITAL JAMKHAMBHALIYA.

2. **Indicate whether all tests performed in the laboratory have been included in applied scope.**  
**If No, Specify:-** TOTAL-06

**Note: All tests performed in the laboratory in compliance with the requirements of checklist have to be included in the applied scope**

### 2.1 Scope Applied

Sl no	Type of Samples examined/tested	Specific tests/ examination performed	Standard (method), Principle /Methodology or technique used
1	HEMATOLOGY	1.CBC 2.PS	1.CELL COUNTER 2.CELL COUNTER AND MICROSCOPY
2	BIOCHEMISTRY	1.GLUCOSE 2.UREA 3.CREATININE	1.GOD POD 2.GLDH 3.JAFFES PICREATE
3	MICROBIOLOGY	1.RAPID HBsAG	1.DETECTION OF ANTI BODY BY RAPID

Note 1. Laboratories applying for Point of Care testing shall clearly identify the specific tests/examination performed.

National Accreditation Board for Testing and Calibration Laboratories			
Doc. No: NABL 155	Application Form and Checklist for Quality Assurance Scheme for Basic Composite Medical Laboratories (Entry Level)		
Issue No: 01	Issue Date: 04-Feb-2019	Amend No: 00	Amend Date: --
			Page 6 of 18

### 3. Organization

#### 3.1 Senior Management (Name, Designation, Telephone, Fax, E-mail)

3.1.1 Name of person in-charge with Qualification and registration number (Technical Head/Lab Director)

Dr.LAKHMAN N. KANARA - M.D. (PATHOLOGY) MCI REG.NO. G- 18127

3.1.2 Contact person for NABL - DR. LAKHMAN N. KANARA ✓

mob no. ?  
990 4041714

#### 3.2 Employees

##### 3.2.1 Details of staff including Lab Technicians and support staff

Sl no	Name	Designation	Academic and Professional Qualifications	Experience related to present work (in years)
1	Dr. LAKHMAN KANARA	PATHOLOGIST CLASS-1	MBBS,MD(PATHOLOGY)	5 YRS
2	MR. JAYESH DAVE	LAB. TECHNICIAN CLASS-3	B.SC.,DMLT	13 YEARS
3	Mrs. RAMA DANGAR	LAB. TECHNICIAN CLASS-3	B.SC.,DMLT	13 YRS
4	Miss DAXA GOJIYA	LAB. TECHNICIAN CLASS-3	B.SC.,DMLT	4 YRS
5	MR. HITESH NAKUM	LAB. TECHNICIAN CLASS-3	B.SC.,DMLT	2 YRS
	MR DILIP JOGAL	LAB. TECHNICIAN CLASS-3	B.SC.,DMLT	2 MONTHS
	MRS. SONAL ADROJA	LAB. TECHNICIAN CLASS-3	B.SC.,DMLT	1 MONTHS
	MR VISHNU PARMAR	LAB. ASSISTENT	H. S. C.	4 YRS
	MR. PRAVIN KATAR	LAB. ATTENDENT	H. S. C	4 YRS
	MR. HIREN NAKUM	APPRINTICE	H. S. C.	2 MONTHS

### 4. Equipment

List of major test equipment available for use

Sl no	Name of equipment	Model/ type/ year of make	Receipt date & date placed in service	Date of last calibration	Calibration due on	Calibrated by
1	Semiauto biochem analyser MICROLAB	Rx 50	27/3/19	8/8/19	7/8/20	Ash , Health Care
2	Hematology Blood Cellcounter (5 part)HORIBA	Pentra XLR(Horiba)	15/1/2016	8/8/19	7/8/20	Ash , Health Care
3	CENTRIFUSE	Lab-line(Remi)	2/5/2016	8/8/19	7/8/20	Ash , Health Care
4	INCUBATOR	BI-254(DK scientific Ahmedabad)	22/4/2019	8/8/19	7/8/20	Ash , Health Care
5	MICROPIPETTE	Biosystem	28/2/2018	8/8/19	7/8/20	Ash , Health Care

#### National Accreditation Board for Testing and Calibration Laboratories

Doc. No: NABL 155 Application Form and Checklist for Quality Assurance Scheme for Basic Composite Medical Laboratories (Entry Level)

Issue No: 01 Issue Date: 04-Feb-2019 Amend No: 00 Amend Date: -- Page 7 of 18

## 5. Proficiency Testing

Participation in PT / EQAS/ any other Inter Laboratory Comparison

Sl. no.	Product/ Material	Details of Test(s)/ examination	Date of Testing/ examination	Organizing body	Performance in terms of z score or any other criteria	Corrective action taken (if required)
1	EDTA BLOOD	HEMATOLOGY	25 <sup>TH</sup> DATE OF EVERY QUATER	AIIMS,NEW DELHI		
2	LYOPHYLISED	BIOCHEMISTRY	1 <sup>ST</sup> DATE OF MONTH	CMC,VELLORE		

## 6. Application Fees

7.1 Application fees (Rs :- 1000/-

7.1 DD / At par Cheque\*  
number 484996

(Please refer NABL 100 for fee structure))

\*All payments made through Cheques or Demand Draft shall be made in favor of 'Quality Council of India' payable at Gurgaon.

Note: Kindly make all kind of payments preferably through the 'Payment Gateway' available on NABL website ([www.nabl-india.org](http://www.nabl-india.org))

## 7. Declaration by the laboratory

We declare that

- 7.1 We agree to comply with procedure of this scheme, pay charges for assessment irrespective of the result.
- 7.2 We agree to co-operate with the assessment team appointed by NABL for examination of all relevant documents by them and their visits to those parts of the laboratory that are part of the applied scope.
- 7.3 We satisfy all national, regional and local regulatory requirements for operating a laboratory.
- 7.4 We agree to comply with the terms & conditions mentioned in **NABL 128**(Procedure for Quality Assurance Scheme for Basic Composite Medical Laboratories (Entry Level)
- 7.5 All information provided in this application is true.

Signature of Technical Head/ Laboratory Director \_\_\_\_\_



Name & Designation: -Dr LAKHMAN N. KANARA M.D. (PATHOLOGY)

Date & Place: -31-01-2020 , JAMKHAMBHALIYA

National Accreditation Board for Testing and Calibration Laboratories				
Doc. No: NABL 155	Application Form and Checklist for Quality Assurance Scheme for Basic Composite Medical Laboratories (Entry Level)			
Issue No: 01	Issue Date: 04-Feb-2019	Amend No: 00	Amend Date: --	Page 8 of 18

Checklist for Quality Assurance Scheme for Basic Composite Medical Laboratories (Entry Level)				
		To be filled in by the Applicant Laboratory	To be filled in by NABL Assessor	Remarks by Assessor
S.No.		Yes/No (Specify as applicable)	Yes/No#	# In case of Non-Conformity (NC), statement to be written by assessor in Format B
I	<p><b>*SCOPE OF LABORATORY</b></p> <p>a) <b>Biochemistry</b></p> <p>Routine Biochemistry tests –</p> <ul style="list-style-type: none"> <li>Glucose -Specify RBS,FBS, PP2BS,</li> <li>Renal Function Tests Urea, Creatinine,</li> </ul> <p>b) <b>Hematology</b></p> <ul style="list-style-type: none"> <li>Haemogram CBC Hb, TLC, DLC, Platelet count, RBC Count, HCT, MCV, MCH, MCHC,ESR</li> <li>Bleeding Time</li> <li>Clotting Time</li> <li>Prothrombin Time</li> <li>Activated Partial Thromboplastin Time</li> <li>Blood Group</li> </ul> <p>c) <b>Medical Microbiology &amp; Immunology-</b></p> <ul style="list-style-type: none"> <li>Rapid test(Point of care tests) for infection, Specify</li> <li>Urine Routine examination and microscopy</li> <li>Hanging drop for Vibrio cholera</li> <li>Stool for ova, cyst</li> </ul> <p>All HIV positive on screening need to</p>	<p>YES</p> <p>RBS,, CREATININE, UREA, SGPT, BILI.</p> <p>YES</p> <p>CBC PS</p> <p>YES</p> <p>YES</p> <p>Rapid HBSAg</p>		<p>*Remarks on competence are to be provided by Assessor in the Format A</p> <p>Specify the tests witnessed &amp; whether tests are performed according to SOPs &amp; other requirements of QAS-BC</p>

**National Accreditation Board for Testing and Calibration Laboratories**

Doc. No: NABL 155 Application Form and Checklist for Quality Assurance Scheme for Basic Composite Medical Laboratories (Entry Level)

Issue No: 01

Issue Date: 04-Feb-2019

Amend No: 00

Amend Date: --

Page 9 of 18

**Checklist for Quality Assurance Scheme for Basic Composite Medical Laboratories  
(Entry Level)**

		To be filled in by the Applicant Laboratory	To be filled in by NABL Assessor	Remarks by Assessor
S.No.		Yes/No (Specify as applicable)	Yes/No#	# In case of Non-Conformity (NC), statement to be written by assessor in Format B
	<p>be confirmed as per NACO guidelines.</p> <p><i>Note: The lab is allowed to add few basic tests in the list of scope (upto 10% of total number of tests) provided above which may be T3, T4, TSH, Gram's staining, Sputum for AFB, PS for MP, Peripheral Blood Smear at the time of application when the lab is adding tests from this list, it shall meet the requirements of local regulations w.r.t. authorised signatories for signing the test reports and produce evidence of the same during assessment.</i></p>			
II	<b><u>INFRASTRUCTURE</u></b>			
	<b><u>Signage</u></b>			
	a. Basic Signage-A signage within or outside the facility should be made available containing the following information.	YES		
	b. Name of the person-in-charge with qualification and registration number	YES		
	c. Broad services provided i.e. Biochemistry, Haematology, Clinical Pathology – whichever is applicable.	YES		
	d. Timings of different consultants (Desirable)	YES		
e. Internet facility or telephone and mobile number for appointment	YES			

**National Accreditation Board for Testing and Calibration Laboratories**

Doc. No: NABL 155		Application Form and Checklist for Quality Assurance Scheme for Basic Composite Medical Laboratories (Entry Level)		
Issue No: 01	Issue Date: 04-Feb-2019	Amend No: 00	Amend Date: --	Page 10 of 18

**Checklist for Quality Assurance Scheme for Basic Composite Medical Laboratories  
(Entry Level)**

		To be filled in by the Applicant Laboratory	To be filled in by NABL Assessor	Remarks by Assessor
S.No.		Yes/No (Specify as applicable)	Yes/No#	# In case of Non-Conformity (NC), statement to be written by assessor in Format B
	(Desirable)			
f.	Fee structure: To be displayed separately including type of investigation and charges for all routine tests.	YES		
<b>Hygiene and Safety (wherever applicable)</b>				
a.	General cleanliness <ul style="list-style-type: none"> <li>• Dust free</li> <li>• Good house keeping</li> </ul>	YES		
b.	Universal standard precautions for safety	YES		
c.	Safety hazard and caution signs - Biomedical waste segregated in colored bins and bags as per Biomedical Waste Management Rules, 2016 including radioactive materials, toxic chemicals, microbial agents, infected biological material	YES		
d.	Appropriate Fire exit signage- Minimum one fire extinguisher (Desirable)	YES		
<b>Space requirement</b>				
a.	Registration, waiting room, public utilities, safe drinking water etc	YES		
b.	Sample collection area	YES		
c.	Laboratory with adequate	YES		

**National Accreditation Board for Testing and Calibration Laboratories**

Doc. No: NABL 155	Application Form and Checklist for Quality Assurance Scheme for Basic Composite Medical Laboratories (Entry Level)		
Issue No: 01	Issue Date: 04-Feb-2019	Amend No: 00	Amend Date: --
			Page 11 of 18

**Checklist for Quality Assurance Scheme for Basic Composite Medical Laboratories  
(Entry Level)**

S.No.		To be filled in by the Applicant Laboratory	To be filled in by NABL Assessor	Remarks by Assessor
		Yes/No (Specify as applicable)	Yes/No#	# In case of Non-Conformity (NC), statement to be written by assessor in Format B
	d.	diffuse and spot lighting Reporting and billing area	YES	
	e.	Washing area	YES	
	f.	Preservation of the specimen and slides	YES	
	g.	Electrical facilities	YES	
	h.	Temperature control for specialized equipment etc.	YES	
	i.	Counselling room for HIV (If HIV test is done)	YES	
	<b>Furniture and fixtures</b>			
	<b>Communication system:</b> (Desirable) Telephone and Mobile no. for appointment		YES	
	<b>Wash Basins</b>			
<b>III</b>	<b><u>HUMAN RESOURCE</u></b>			
	a.	Minimum Qualification of Technical Head of Laboratory or Specialist or *Authorized Signatories.  Desirable: MBBS from a recognized university institution preferably with medical laboratory	YES	

**National Accreditation Board for Testing and Calibration Laboratories**

Application Form and Checklist for Quality Assurance Scheme for Basic Composite Medical Laboratories (Entry Level)

Doc. No: NABL 155

Issue Date: 04-Feb-2019

Amend No: 00

Amend Date: --

Page 12 of 18

Issue No: 01

**Checklist for Quality Assurance Scheme for Basic Composite Medical Laboratories  
(Entry Level)**

		To be filled in by the Applicant Laboratory	To be filled in by NABL Assessor	Remarks by Assessor
S.No.		Yes/No (Specify as applicable)	Yes/No#	# In case of Non-Conformity (NC), statement to be written by assessor in Format B
	<p>experience</p> <p>*The authorized signatory will be liable for authenticity of the laboratory test report. (**Where ever interpretation of lab results or opinion thereon, are required, registered Bachelor of Medicine and Bachelor of Surgery (MBBS) medical practitioner is essential.)</p>			
	<p><b>b.</b> No. of Lab technicians with DMLT or BSc, MLT or M.Sc Biochemistry or Microbiology qualification from a recognized university or institution- Essential No.-1</p>	YES		
	<p><b>c.</b> Support staff (Laboratory Assistant or Laboratory Attendant), roster of salary of staff, periodic health check-ups and vaccination of staff Essential No.-1</p>	YES		
<b>IV</b>	<b><u>EQUIPMENT</u></b>			
	<p><b>a.</b> List of minimum medical diagnostics laboratory equipment/instrument with quantity(essential as per scope)</p>	YES		
	<p><b>b.</b> Sterilization such as hot air oven or autoclave</p>	YES		

**National Accreditation Board for Testing and Calibration Laboratories**

Doc. No: NABL 155	Application Form and Checklist for Quality Assurance Scheme for Basic Composite Medical Laboratories (Entry Level)		
Issue No: 01	Issue Date: 04-Feb-2019	Amend No: 00	Amend Date: --
			Page 13 of 18



**Checklist for Quality Assurance Scheme for Basic Composite Medical Laboratories  
(Entry Level)**

S.No.		To be filled in by the Applicant Laboratory Yes/No (Specify as applicable)	To be filled in by NABL Assessor Yes/No#	Remarks by Assessor  # In case of Non-Conformity (NC), statement to be written by assessor in Format B
	c.	List of reagents and consumables required	YES	
	d.	Annual maintenance contract or comprehensive maintenance contract and records for equipment (Log books) (Desirable)	YES	
V	<b>LEGAL OR STATUTORY REQUIREMENTS AS APPLICABLE</b>			
	a.	Registration under the provisions of Biomedical Waste Management Rules, 2016 with State or Union territories' Or	YES	
	b.	Pollution Control Board with registration number and date of expiry, site, space, location and environmental requirements to be as per local bye- laws	YES	
VI	<b>RECORD MAINTANENCE AND REPORTING:</b>			
	a.	Reports of all patients date wise as per regulatory requirement or till next audit, whichever is later.	YES	
	b.	Medico legal records, if applicable (as per relevant law).	YES	
	c.	Record keeping of technicians working in laboratory indicating their details of qualification training and others	YES	

Checklist for Quality Assurance Scheme for Basic Composite Medical Laboratories (Entry Level)				
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S.No.		Yes/No (Specify as applicable)	Yes/No#	# In case of Non- Conformity (NC), statement to be written by assessor in Format B
	d.	Availability of reference library including books or periodicals or e-journals (Desirable)	YES	
	e.	Duration of preservation of record (as applicable from time to time)	YES	
VII	<b>STANDARDS ON BASIC PROCESSES:</b>			
	a.	Infection Control practices - as per Bio Medical Waste Management Rules, 2016	YES	
	b.	Safety considerations- use of disposable needles etc	YES	
	c.	Patient Information and Education	YES	
	d.	Process of calibration of equipment and reagents	YES	
	e.	Booklet of Standard operating procedures of all procedures available(kit inserts may be used as SOPs)	YES	
	f.	Grievance registration and disposal mechanism	YES	
	g.	Quality Control in the form of Internal Quality Control (atleast one level to be run on the day of testing samples) and inter-laboratory comparison in the form of external quality assurance scheme	YES	



Format B

Assessment Summary

(To be filled by Assessor during initial/on-site surveillance assessment)

Details of Non-Conformities(NCs) raised w.r.t S.No. of checklist

1.

2.

Date by which the non-conformities are to be discharged by the lab (within 30 days of assessment) \_\_\_\_\_

Final Recommendations by the Assessor: Tick mark appropriate option

<input type="checkbox"/>	Recommended as per QAS for Basic Composite Medical Laboratories subject to closure of NCs
<input type="checkbox"/>	Not recommended as per QAS for Basic Composite Medical Laboratories subject to closure of NCs

Signature of representative of Lab

Signature of Assessor

**National Accreditation Board for Testing and Calibration Laboratories (NABL)**

**NABL House,**

Plot No. 45, Sector- 44,  
Gurugram– 122002, Haryana

Tel.: +91-124 4679700

Fax: +91-124 4679799

Website: [www.nabl-india.org](http://www.nabl-india.org)

# GENERAL HOSPITAL JAMKHAMBHALIYA

Date:- 30/01/2020

## Declaration Certificate

To whomsoever it is concerned it to certify that General Hospital Jamkhambhaliya is a district hospital under authority of Health & Family Welfare Department, state government of Gujarat. Laboratory is situated in the premises of GENERAL HOSPITAL JAMKHAMBHALIYA room no.26.



SUPRITENDENT  
GENERAL HOSPITAL  
JAMKHAMBHALIYA  
Dist. Dev Bhrami Dwarka



**ISHTM-AIIMS EXTERNAL QUALITY ASSURANCE PROGRAMME**  
NABL accredited programme as per ISO/IEC 17043:2010  
standard

Organized by  
Department of Hematology, AIIMS, New Delhi-110029  
E-Mail ID: accuracy2000@outlook.com , Contact No. 9013085730



## New Registration Confirmation

To ,Laboratory(Room No:26), General Hospital, Jamkhambhaliya, Dist:Devbhumi  
Dwarka, Gujarat-361305 (+91) 99040 41714

Dated: Jan 15,2020

Payment Detail:

Amount	Transaction No	Transaction Date:
1500.00	TXN1579069226	2020-01-15

\*\* This is electronic copy for the confirmation of your successful application and payment submission to ISHTM-AIIMS-EQAP and does not need any signature.

\*\* Average time for allotment of the EQAP Code No. and first sample receipt takes an average time of 2-3 months, please wait.

-----End Of Receipt-----

With Regards.

Dr. Renu Saxena (Prof & Head, Chief Coordinator)  
ISHTM-AIIMS-External Quality Assurance Programme  
(An ISO 17043:2010 certified programme)  
Room No. 209, Department of Hematology  
2nd Floor New Pvt Ward  
All India Institute of Medical Sciences  
New Delhi-110029  
Website: [www.ishtmaimseqap.com](http://www.ishtmaimseqap.com)

This is an automatically generated e-mail, please do not reply to it. For any further enquiry e-mail us only on accuracy2000@gmail.com (ISHTM-AIIMS-EQAP)



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CHRISTIAN MEDICAL COLLEGE, VELLORE.  
DEPARTMENT OF CLINICAL BIOCHEMISTRY  
IDA SCUDDER ROAD, VELLORE - 632 004, TAMIL NADU

Receipt No. EQAS6396/20

Date 13/01/2020

CMC GST NUMBER : 33AAATC1278N1ZN

RECEIVED with thanks from GENERAL HOSPITAL, LABORATORY DEPT. JAMKHAMBHALIYA

DERBHURMI DWARKA - 361305

Rs. 2,500.00

(Rupees two thousand five hundred Only)

(Including SGST 9% & CGST 9%)

towards EQAS JAN - DEC 2020

by Demand Draft No. 484983 dated

30/12/2019

To, 11344  
GENERAL HOSPITAL  
LABORATORY DEPT. JAMKHAMBHALIYA  
DERBHURMI DWARKA - 361305

Dr. PAMELA CHRISTUDOSS  
Coordinator - CMC EQAS  
DEPARTMENT OF CLINICAL BIOCHEMISTRY  
CHRISTIAN MEDICAL COLLEGE,  
VELLORE - 632 004, TAMIL NADU

(Cheques and DDS subject to realisation)





BMW AUTHORIZATION FORM-III(Rule 10)

Gujarat Pollution Control Board  
Paryavaran Bhavan, Sector-10/A,  
Gandhinagar - 382010  
Tele :23222756

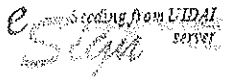
General Hospital Jamkhambhalia (373355)

Under the Rule-10 of the Biomedical waste (Management and Handling) Rules, 2016 framed under the EPACT'86

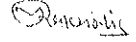
The person authorised shall not rent, lend, sell, transfer or otherwise transport the biomedical waste without obtaining prior permission of the prescribed authority.

Any unauthorised changes in personnel, equipment or working conditions as mentioned in the application by the person authorised shall constitute a breach of his authorisation.

It is the duty of the authorised person to take prior permission of the prescribed authority to close down the facility and each other terms and conditions may be stipulated by the prescribed authority.

  
Signed On 25/09/2018 15:59:08  
Organic Authentication on AADHAR from UIDAI Server  
TPAV # 1KK91ILPKP

For & On behalf of  
Gujarat Pollution Control Board



BMW Head: Jamnagar

Signed On 25/09/2018 15:59:08  
Organic Authentication on AADHAR from UIDAI Server)  
TPAV # 1KK91ILPKP

**Remark: Issue Authorization for five years and grant consent**

**Specific Condition :** Applicant shall have to provide effluent treatment plant within one year to conform norms prescribed in the Rules

Encl.: Annexure-I

Issued to , Dr. H. P. Devmurari, General Hospital Jamkhambhalia, Khambhalia-Dwarka Highway,,  
At- Khambhalia , Khambhalia Tal :Khambhalia Dist :Devbhoomi Dwarka (BMW Id: 373355 )

Copy to Regional Office - Jamnagar/ H.O

With a request to carry out periodically monitoring of above said hospital/clinic and submit the visit report to this Office.



**BMW AUTHORIZATION FORM-III(Rule 10)**

**General Hospital Jamkhambhalia ( 373355 )**

Gujarat Pollution Control Board  
Paryavaran Bhavan, Sector-10/A,  
Gandhinagar - 382010  
Tele :23222756

Under the Rule-10 of the Biomedical waste (Management and Handling) Rules, 2016 framed under the EPACT'86

Authorization for operating a facility for **Collection, Disposal OR destruction**  
**use, Generation, Segregation, Packaging, Reception, Storage, Treatment OR processing OR conversion of**  
biomedical wastes.

**BMW AUTH NO : BMW-342921, VALID UPTO : 23/07/2023**

Application Inward No : 44672 , Date: 24/07/2018

CCA No: BW-96017 (23/07/2023)

**PCB Id : 66686**  
**BMW Id : 373355**

File No : ,

No of Beds : 150,

No of H.W : 0,

Investment(in lakh) : 20,000.00,  
Water Consumption(klpd) : 30.00,

Act : B,W

Scale : L

In exercise of power conferred by this Board and after scrutiny of above referred application, Superintendent /  
Incharge of General Hospital Jamkhambhalia at Khambhalia-Dwarka Highway,,At- Khambhalia ,  
Khambhalia Tal : Khambhalia Dist : Devbhoomi Dwarka is here by granted an Authorisation to operate  
Health Care facility for **Collection, Disposal OR destruction**  
**use, Generation, Segregation, Packaging, Reception, Storage, Treatment OR processing OR conversion of**  
biomedical wastes on the premises of

M/S. Dev. Bio Medical Wastemenagement Services situated at  
Plot No. 768 A, Gidc, Phase-II, Dared Dist : JAMNAGAR Under  
CBWTF Reg. No : 0285, Valid Upto :

The Authorisation is granted for 150 nos. of beds with generation of

Type of Waste Category (Kgs/Month)	YELLOW	WHITE (Translucent)	RED	BLUE
Qty permitted for Handling	550.00	10.00	675.00	360.00
Category of biomedical wastes. (Unit - Kgs/Month)				

This BMW Authorisation shall be in force for a period of (5 year, Valid Upto 23/07/2023)  
This CCA Authorisation shall be in force for a period of 5 year [up to 23/07/2023]

This Authorisation is subject to the conditions stated in the Annexure-I attached here with and to such other conditions as  
be specified in the Rules for the time being in force under the Environment (Protection) Act 1986.

This authorization shall comply with the provisions of the Environment (Protection) Act, 1986 and the rules made there

This authorization or its renewal shall be produced for inspection at the request of an officer authorised by the prescribed  
ty.

Dt: 16/03/2019

Granted on : 25/09/2018 15:59:08

TPAV # 1KK9IJLPKP





बैंक ऑफ बरोडा  
Bank of Baroda

ब्रांच खबरिया - 361 305  
JAM KHAMBALIA - 361 305  
RTGS/NFT IFSC CODE BARB0JAMJAM  
26120015181192

डिमांड ड्राफ्ट  
DEMAND DRAFT

D	D	M	M	Y	Y	Y	Y
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श्री श्री पर QUALITY CONCIL OF INDIA \*\*\*\*\*  
On Demand only

रुपये

श्री श्री पर 1,000.00 \*\*\*\*\*

Purchaser Name: JAMNAGAR JILIA ROGI KALYAN KAMATI  
SERVICE BR DELHI

DD2016XXM  
(DD Alpha Prefix)

श्री श्री पर ALPHA CODE  
J A M J A M

श्री श्री पर (BRANCH)  
484996 Branch

FOR SINGLY  
SIGNED AS PBR  
GUIDELINES

श्री श्री पर / Joint Manager  
श्री श्री पर / Branch Manager  
( 187488 )

₹ 1,000.00

9	8	7	6	5	4	3	2	1
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## અધિક્ષકશ્રીની કચેરી

જીલ્લો:- દેવભુમિ દ્વારકા, પીન નં. ૩૬૧૩૦૫,

ફોન/ફેક્સ નં. (૦૨૮૩૩) ૨૩૭૪૦૪

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પત્ર ક્રમાંક : 697 /2020

તિ. 30/01/2020

To.

National Accreditation Board for Testing and Calibration Laboratories (NABL)

Subject :- Application form and checklist for Quality Assurance Scheme for Basic Composite Medical Laboratories

Respected Sir ,

We are sending our application for NABL for Laboratory –General Hospital Jamkhambhaliya kindly do the required procedure

Looking forward to hear from you

GENERAL HOSPITAL  
JAMKHAMBHALIYA



DB-52038  
19/2/20