



కార్యక రాజ్య బీమా సంస్థ
(కార్యక మరియు ఉపాధి మండలిత్వ శాఖ,
భారత ప్రభుత్వం)
కर्मचारी राज्य बीमा निगम
(श्रम एवं रोजगार मंत्रालय, भारत सरकार)
EMPLOYEES' STATE INSURANCE CORPORATION
(Ministry of Labour & Employment, Govt. of India)



మెడికల్ కాలేజ్ & హాస్పిటల్
సనాత్నగర్, హైదరాబాద్, తెలంగాణ- 500038
चिकित्सा महाविद्यालय एवं अस्पताल
सनतनगर, हैदराबाद, तेलंगणा - 500038
Medical College & Hospital
Sanathnagar, Hyderabad, Telangana - 500038



No.W-17013/31/2022 ,Comp.No.36197

Date: 27 /11/2024

CIRCULAR

This is to inform all Branches / Departments that the procurement and installation of any additional or higher-rating power-consuming equipment must be carried out with due concurrence from the **Engineering Branch** through the **Property Management Division (PMD)**. This measure is essential to ensure that the feasibility, practicality, and viability of installing such equipment are properly studied and approved to maintain the safety and integrity of the electrical infrastructure and to reduce the risk.

To mitigate these risks, all branches / departments are instructed to strictly adhere to the following guidelines

1. Branches / Departments must obtain written concurrence from the PMD before procuring or installing any power-consuming electrical or medical equipment. The Engineering Branch will assess the technical feasibility, infrastructure compatibility, and safety implications of the proposed equipment.
2. Electrical equipment must not be connected to non-rated sockets or through extension boards, as such practices compromise safety and may lead to electrical hazards.
3. High power-rating devices must not be connected to any electrical circuit without proper assessment and approval from the PMD. Overloading circuits can lead to short circuits, overheating, and fires.
4. Unauthorized or improper use of electrical or medical equipment is strictly prohibited. Such practices may result in equipment damage, infrastructure failure, and increased risks to personnel and property.
5. Branches / Departments are required to submit detailed information about the equipment they intend to procure, as per the attached annexure.

All Branches / Departments are advised to comply with these guidelines strictly to ensure a safe and efficient working environment.

This issues with the approval of the Competent Authority.

Encl: Proforma for equipment details

Lokendra M
27/11/24
(LOKENDRA SINGH)

ASSISTANT EXECUTIVE ENGINEER (Civil)

Copy to:

- 1.P.S to Dean, ESIC MCH Sanathnagar, Hyderabad for information.
2. P.S to MS, ESIC MCH Sanathnagar, Hyderabad for information.
- 3.DMS I & II ESIC MCH Sanathnagar, Hyderabad for information .
- 4.All the HOD's of the ESIC MCH Sanathnagar, Hyderabad for information and further necessary action.
5. The Deputy Director (Admin /Gen / Cash /Academic /Finance & Accounts branch) ESIC MCH Sanathnagar, Hyderabad for information and further necessary action.
- 6.Nursing Station (I/C),ESIC the ESIC MCH Sanathnagar, Hyderabad for information and further necessary action.
7. Notice Board of the ESIC Medical College & Hospital, Sanathnagar, Hyderabad.

Proforma for Equipment Details

(To be filled by the Branch/ Department)

1. **Name of Equipment:**
.....
2. **Department/Unit:**
.....
3. **Place of Installation (Room/Block/Ward):**
.....
4. **Number of Equipment:**
.....
5. **Ampere Rating of Equipment:**
.....
6. **Power Rating of Equipment (in kW):**
.....
7. **Voltage Requirements (Single/Three Phase):**
.....
8. **Whether Wall-Mounted Socket Available (Please tick)?**
[] Yes [] No
9. **Whether Dedicated Power Line Available(Please tick)?**
[] Yes [] No
10. **Whether Inbuilt Stabilizer or UPS Socket Available in equipment(Please tick)?**
[] Yes [] No
11. **UPS Power Requirement (if any) (Please tick):**
[] Yes [] No
12. **Plumbing/ Sanitary Requirement (Please tick):**
[] Yes [] No
13. **Ambient Conditions requirement (Temperature, Humidity, etc.):**
.....
14. **Ventilation Requirements :**
.....
15. **Space Adequacy for Installation (Dimensions):**
.....
16. **Remarks (if any):**
.....

Signature:

Name:

.....
Designation:

.....
Date: