

CITIZEN'S CHARTER



HEALTH DEPARTMENT

COMPLAINT NO. :- 2802771 to 76 Ext. 421

e-mail Id :- mcsml-hp@nic.in ,mcs_shimla@yahoo.com

Main Functions of Health Department

1. IMPLEMENTATION OF RELEVANT PROVISIONS OF HIMACHAL PRADESH MUNICIPAL CORPORATION ACT. 1994
2. MUNICIPAL SOLID WASTE MANAGEMENT AS PER MSW (MANAGEMENT & HANDLING RULES) 1998.
3. IMPLEMENTATION OF PROVISIONS OF FOOD SAFETY AND STANDARD ACT. 2006.
4. IMPLEMENTATION OF BIRTH & DEATH ACT 1969.
5. MANAGEMENT OF PUBLIC HEALTH LABORATORY .

Municipal Solid Waste Management

1. Sweeping of roads, Streets & Public paths - Every Day (7 A.M to 2P.M.)
2. Collection of Segregated waste through Door to Door garbage Collection Scheme (Presently operated through SEHB Society) -Every Day (7 A.M to 2P.M.)
3. Removal of Community Bins -Whenever it gets full (Ranging from twice daily to once in a week)
4. Removal of Carcass - Within 24 hours

Food License

1. Submission of Application : All working day between 10 A.M. to 5 P.M.
2. Communication of Deficiency if Any : Within one week
3. Depositing of License fee - : All working Day up to 1 P.M.
4. Issus of License - : All working days up to 5 P.M.

Note: - The entire license is issued under the PFA Act. 1954 ends on 31st March every year.

Birth and Death Registration:

Sr. No.	Registration	Cost	Procedure
1	Registration of B & D Within three week	Free	Application on prescribed form No.1 & 2
2	After 3 weeks but before 1 Month	Rs. 2	-do-
3	After 1 Month before one year	Rs. 5	Application on prescribed form 1 & 2+ order from Distt. Registrar(CMO Shimla)
4	After One year	Rs. 5	Application on prescribed Form 1 & 2 + order from SDM (u) Shimla

Procedure for Procuring Birth & Death Certificate

1. Submission of Application - All working days up to 1 P.M.
2. Issue of Birth & Death Certificate - Same day on from No. 5 & 6 after 4 P.M

Application for obtaining Birth & Death Certificate

Specimen

To,

The Registrar,
Birth & Death MC Shimla
The Mall Shimla H. P.

Subject: - Application for Birth & Death Certificate.

Sir,

Kindly Supply copies of Birth / Death certificate in case of

Name _____ Father/ Husband Name _____

Mother's Name _____ Place Of Birth/ Death _____

Yours Sincerely

Name : _____

Address: _____

Relationship _____

(SPECIMEN FORM FOR THE ADDITION OF NAME)

To

The Registrar, Birth & Deaths,
Municipal Corporation, Shimla

Subject: **Request for Registration of the name of Child** _____

Sir,

It is certified that male/ female child was born to me/my wife/my

Daughter-in-law Mrs. _____ W/o _____ R/o _____

_____ Place of Birth _____ on

dated _____. The said male / female child has finally been named as _____ and

will not be changed in the future. I am fully aware of the fact that the name of the child cannot be changed or altered in any way in future and no request in this regard will be entertained by the Registration Authority (B&D), Shimla as per the provisions under Registration of Births and Deaths Act, 1969.

You are requested to register the name of child in the record, please.

Dated :

(Signature of Applicant)

Relation with the child _____

Address _____

AFFIDAVIT

(SPECIMEN FOR LATE REGISTRATION OF BIRTH)

I _____ S/O resident of _____ do hereby solemnly affirm as under: -

1. That a Male/Female child was born to me/my wife Mrs. _____ at _____ on _____ . The order of this male/female child is _____.
2. That the said male/female child was finally named as _____.
3. That the delivery case was conducted by Dr./Dai _____ resident of H.No. _____.
4. That the name of said male/female child name is real and natural child of Mrs. _____ W/o Sh. _____
5. That the said event of birth of male/female child has not been registered previously either by the deponent of Doctor or Dai.
6. That the date and place of birth of this male/female child has not been changed/ manipulated.
6. That the deponent prays for the registration of birth of this male/female child.

DEPONENT

VERIFICATION: -

Verified that the above statement of mine are true and correct to the best of my knowledge and belief and nothing has been concealed therein.

Verified at Shimla on.

DEPONENT

AFFIDAVIT
(SPECIMEN FOR LATE REGISTRATION OF DEATH)

I _____ S/O resident of. _____ do hereby solemnly affirm as under: -

1. That my father/mother/wife/Sh./Smt. _____ S/o / w/o
Sh. _____ r/o _____ died on _____ at _____. Who is
my (Relation) _____

2. That the event death of Sh./Smt. _____ s/o/w/o
Sh. _____ died on _____ could not be reported to the
Registrar, Births & Deaths, Shimla due to some unavoidable circumstances.

3. That Sh./Smt. _____ s/o/w/o Sh.
_____ was suffering from _____.

4. That body of Sh./Smt. _____ S/o/W/o Sh. _____ was
cremated at cremation Ground Sector _____ on _____.

5. That is prayed that the death event of Sh./Smt. _____ may be registered in the record of death of
Shimla.

DEPONENT

VERIFICATION: -

Verified that the contents of this affidavit are true and correct to the best of my knowledge and belief and nothing has been
concealed therein.

DEPONENT

Public Health Laboratory Municipal Corporation Shimla

Collection of Specimen

9:30 to 1 P.M.

Collection of Investigation result

Same day After 4 P.M.

RATE LIST FOR INVESTIGATION

Sr.NO.	Name of Test	Rates in Rs.
1.	Hemoglobin	10
2.	TLC, DLC , ESR , RBC, Type of anemia/ PBF	15 each
3.	Bleeding Time, Clotting Time	20 each
4.	Urine – R/E Chemical and Micro	25
5.	Urine- Bile – Salt / Pig, Sugar	10 each
6.	Urine Pregnancy	50
7.	Stool - Ova and Cyst	35
8.	Stool – Occult Blood	20
9.	Sputum for AFB	20
10.	Semen Analysis	50
11.	Blood Sugar / Urea	25 each
12.	Creatinine	40
13.	Uric Acid	40
14.	Cholesterol	25
15.	HDL	50
16.	Triglycerides	50
17.	LDL	100
18.	Lipid Profile	200
19.	Rheumatoid Sector	50
20.	Total Bilirubin	25
21.	SGOT / SGPT	25 each
22.	Blood Group	20
23.	Widal	100
24.	T3, T4	100 each
25.	TSH	200
26.	TFT	400
27.	HBAIC	350
28.	Water Analyses	100

User Charges for Door to Door Garbage Collection (w.e.f. 01/02/2012)

Sr. No.	Category	Charges Per Month
1	Household	40.00
2	Dhaba	350.00
3	Pan Shop	75.00
4	Tea Shop	70.00
5	Shops (Karyana, Daily Need, Cloth etc.)	70.00
6	Vegetable/ Fruit Shop	200.00
7	Sweet Shop	350.00
8	Offices (2 Room)	100.00
9	Offices (3 - 5)	250.00
10	Office (6 - 10)	1000.00
11	Office (11 - 20)	2000.00
12	Banks	500.00
13	Govt. Schools	200.00
14	Private Schools	1000.00
15	Bakeries	1000.00
16	Hotel/ Guest Houses upto 10 Rooms	1000.00
17	Hotel/ Guest Houses upto 11 to 20 Rooms	1500.00
18	Hotel/ Guest Houses upto 21 to 30 Rooms	2000.00
19	Hotel/ Guest Houses above 30 Roomas	2500.00
20	Factories	1000.00
21	Workshops	550.00
22	Restaurant	1500.00
23	Cinema Hall	1200.00
24	Govt. Colleges	1000.00
25	Pvt. College, Hospital, Nursing Home	1500.00
26	Banquet Halls/Star.Hotel	1000.00 + 500.00 per trip
27	All Others Establishments	500.00
28	Vehicle on Request/ Demand	500 per Trip