

11-Nov-2011

Head Central Dy. No
Dated ..16/11/11
R&D Section, Vikas Minar
Delhi Development Authority
Planning Dept.

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The Director (Planning)
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6th Floor, Vikas Minar
I.P. Estate
New Delhi 110002

OFFICE OF THE DIR (Pig.)
MPR/TC, D.D.A. N. DELHI-2
Dy.No.....778
Dated.....16-11-11

Subject : Suggestions for Mid-Term Review of MPD 2021

Dear Sir,

This has reference to the public notice published in the Times of India on 04/10/2011.

As practicing architects involved in the design of hospitals we find the development control norms for hospitals need a review because the norms, as they exist, are constraints to efficient and economic design of a very important and key Public/Semi Public need like Medical Facilities. The areas of concern and need for review are stated below.

1. We very strongly feel that there is a shortage of medical facilities in Delhi because all hospitals are crowded and new ones that open also get crowded. Therefore it is important to maximise the utilisation of all medical facility sites by increasing the FAR in all categories listed in Table 13.2 by atleast 50% (the re-development norms being the guideline for the percentage).
2. By the same token, it would be helpful to increase the Ground Coverage to at least 40% from the existing 30%. The additional 5% (free of FAR) for multi-level parking will need to be over and above the 40% or more that we are proposing.
3. There should not be any limit on the height (subject to other mandatory clearances) because various functional areas/departments need to be planned and integrated vertically with adequate lifts to bring in efficiency in health care services. The effectiveness of a hospital or any health care facility is largely a function of how efficiently the facility has been planned. The Height column in Table 13.2 should thus state "NR".
4. Determining the number of beds permitted by considering the plot size (Table 13.2 Notes 1 & 2a) or vice-versa should not be a criterion, because the plot size to number of beds ratio is a function of the type of hospital, extent of diagnostics, number of OTs, extent of OPD, ratio of ward beds to beds in rooms and a host of other

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parameters. The number of beds in a given site should purely be a function of the needs of the catchment area, the planning and the dynamics of the situation. It would be best to remove the capping on the number of beds in any hospital based on a non-medical criteria like plot size.

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5. The table under Para 8(2) of Chapter 17 : Development Code puts a limit of 100 beds on Use Premise Hospital even in Use Zone PS. A clarification is needed as to where Categories A, B and C of Hospitals as stated in Para 13.1 can be located because Chapter 17 is very restrictive.

We trust you will find the above suggestions to be logical and will take them into account in the revised MPD 2021.

Thanking you,

Yours sincerely,
for Arcop Associates Private Limited



(DEBASISH GUHA, Director)