

INDIRA IVF

FERTILITY & IVF CENTRE

INDIRA IVF HOSPITAL PVT. LTD.

Date:

21/04/2023

To,

The Office In charge

Regional Office

Pollution Control Board, City Bhopal (Madhya Pradesh)

Sub: For Submission of Annual Return for the year 2021-22

Respected Sir/Madam,

This is to inform you that Indira IVF Hospital Pvt Ltd situated at Manya Arcade 1st and 2nd Floor, Plot no. 6, ISBT, Commercial Scheme Zone 12, Ward 58, 462011 Distrcit-Bhopal Thesil -Huzur (MP) is registered under section 25 of the Water (Prevention & Control of Pollution) Act,1974 under section 21 of the Air (Prevention & Control of Pollution) Act,1981, Authorization under Hazardous and other Waste (Management & Transboundary movement) Rules, 2016 and Authorization under Bio-Medical Waste Management Rules, 2016 with license number AWHB-90468 valid up to 12/08/2024 has submitted the annual report for the year 2021-22. Necessary documents are attached for the annual report.

Enclosures:-

1. Form-4
2. Form- 10
3. Annual BMW report

Thanking you

Centre Seal

Centre Head

INDIRA IVF HOSPITAL PVT. LTD.
Manya Arcade, 1st & 2nd Floor, Plot No. 6,
ISBT, Commercial Scheme, Zone-12,
58, BHOPAL-462011 (M. P.)



SAVE GIRL CHILD

बेटी बचाओ/बेटी पढ़ाओ, अभियान में सहयोग करें।

Indira IVF Hospital Pvt. Ltd

Regd. Office : 44, Amar Niwas, Kumharo Ka Bhatta Opp. M.B. College Udaipur 313001 (India), Telephone No. 7665004570

गर्भ/भ्रूण का लिंग परीक्षण करना/करवाना कानूनन अपराध है। यह कार्य हमारे यहां नहीं किया जाता है।



Doctor Seal

www.indiraivf.com

info@indiraivf.in

CIN: U85110RJ2015PTC046846

FORM 4

[See rules 6(5), 13(8), 16(6) and 20 (2)]

FORM FOR FILING ANNUAL RETURNS

[To be submitted to State Pollution Control Board by 30th day of June of every year for the preceding period April to March]

1. Name and address of facility: **INDIRA IVF HOSPITAL PVT LTD BHOJAL, MANYA ARCADE, 1ST & 2ND floor, ISBT WARD-58, ZONE-12, BHOJAL-462011 U**
2. Authorisation No. and Date of issue:
3. Name of the authorised person and full address with telephone, fax number and e-mail:
DR. AMAR KARIA / MANYA ARCADE, 1ST & 2ND floor ISBT, WARD-58, ZONE-12, BHOJAL, 462011 (MP)
4. Production during the year (product wise), wherever applicable

NA

Part A. To be filled by hazardous waste generators

1. Total quantity of waste generated category wise
2. Quantity dispatched
 - (i) to disposal facility - NO
 - (ii) to recycler or co-processors or pre-processor - NO
 - (iii) others - NO
3. Quantity utilised in-house, if any - NO
4. Quantity in storage at the end of the year - NULL

Part B. To be filled by Treatment, storage and disposal facility operators

1. Total quantity received -
2. Quantity in stock at the beginning of the year -
3. Quantity treated -
4. Quantity disposed in landfills as such and after treatment -
5. Quantity incinerated (if applicable) -
6. Quantity processed other than specified above -
7. Quantity in storage at the end of the year -

Part C. To be filled by recyclers or co-processors or other users

1. Quantity of waste received during the year -
 - (i) domestic sources
 - (ii) imported (if applicable)
2. Quantity in stock at the beginning of the year -

3. Quantity recycled or co-processed or used –
4. Quantity of products dispatched (wherever applicable) –
5. Quantity of waste generated -
6. Quantity of waste disposed -
7. Quantity re-exported (wherever applicable)-
8. Quantity in storage at the end of the year -

Date.....

Place.....*Bhopal*.....

Alais
Signature of the Occupier or
Operator of the disposal facility

INDIRA IVF HOSPITAL PVT. LTD.
Manya Arcade, 1st & 2nd Floor, Plot No. 6,
ISBT, Commercial Scheme, Zone-12,
Ward-58, BHOPAL-462011 (M. P.)

Form - IV
(See rule 13)
ANNUAL REPORT

[To be submitted to the prescribed authority on or before 30th June every year for the period from January to December of the preceding year, by the occupier of health care facility (HCF) or common bio-medical waste treatment facility (CBWTF)]

Sl.No.	Particulars		
1.	Particulars of the Occupier	:	
	(i) Name of the authorised person (occupier or operator of facility)	:	DR. AMAR KARIA
	(ii) Name of HCF or CBMWTF	:	INDIRA IVF HOSPITAL PVT LTD
	(iii) Address for Correspondence	:	MANYA ARCADE, 1 st & 2 nd floor,
	(iv) Address of Facility	:	ISBT, WARD-58, ZONE-12
	(v) Tel. No, Fax. No	:	BHOIR - 462011 (MP)
	(vi) E-mail ID	:	9511725036, dramar.karia@gmail.com
	(vii) URL of Website	:	
	(viii) GPS coordinates of HCF or CBMWTF	:	27.2048°N, 77.4935°E
	(ix) Ownership of HCF or CBMWTF	:	(State Government or Private or Semi Govt. or any other)
	(x). Status of Authorisation under the Bio-Medical Waste (Management and Handling) Rules	:	Authorisation No.: BMW 118852 AWHB.90.469 valid up to 12/08/2024
	(xi). Status of Consents under Water Act and Air Act	:	Valid up to: 12/08/2024
2.	Type of Health Care Facility	:	
	(i) Bedded Hospital	:	No. of Beds: 03
	(ii) Non-bedded hospital	:	TEST TUBE BABY CENTER
	(Clinic or Blood Bank or Clinical Laboratory or Research Institute or Veterinary Hospital or any other)	:	
	(iii) License number and its date of expiry	:	LL18248/DEC-2018 (31 MAR 2024)
3.	Details of CBMWTF	:	
	(i) Number healthcare facilities covered by CBMWTF	:	
	(ii) No of beds covered by CBMWTF	:	
	(iii) Installed treatment and disposal capacity of CBMWTF:	:	_____ Kg per day
	(iv) Quantity of biomedical waste treated or disposed by CBMWTF	:	_____ Kg/day
4.	Quantity of waste generated or disposed in Kg per annum (on monthly average basis)	:	Yellow Category : 32.80 Red Category : 7.03 White: 2.81

		Blue Category : 4.22																																									
		General Solid waste:																																									
5	Details of the Storage, treatment, transportation, processing and Disposal Facility																																										
	(i) Details of the on-site storage facility	:	Size :																																								
		:	Capacity :																																								
		:	Provision of on-site storage : (cold storage or any other provision)																																								
	disposal facilities	:	<table border="1"> <thead> <tr> <th>Type of treatment equipment</th> <th>No of y s</th> <th>Cap acit r Kg/</th> <th>Quantity treated unit disposed day in kg per annum</th> </tr> </thead> <tbody> <tr> <td>Incinerators Plasma</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Pyrolysis Autoclaves</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Microwave Hydroclave</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Shredder</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Needle tip cutter or destroyer</td> <td></td> <td>-</td> <td></td> </tr> <tr> <td>Sharps encapsulation or concrete pit</td> <td></td> <td>-</td> <td></td> </tr> <tr> <td>Deep burial pits:</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Chemical disinfection:</td> <td></td> <td>-</td> <td></td> </tr> <tr> <td>Any other treatment equipment:</td> <td></td> <td></td> <td></td> </tr> </tbody> </table>	Type of treatment equipment	No of y s	Cap acit r Kg/	Quantity treated unit disposed day in kg per annum	Incinerators Plasma				Pyrolysis Autoclaves				Microwave Hydroclave				Shredder				Needle tip cutter or destroyer		-		Sharps encapsulation or concrete pit		-		Deep burial pits:				Chemical disinfection:		-		Any other treatment equipment:			
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6	Do you have bio-medical waste management committee? If yes, attach minutes of the meetings held during the reporting period		NO
7	Details trainings conducted on BMW		
	(i) Number of trainings conducted on BMW Management.		2
	(ii) number of personnel trained		5
	(iii) number of personnel trained at the time of induction		5
	(iv) number of personnel not undergone any training so far		
	(v) whether standard manual for training is available?		YES
	(vi) any other information		
8	Details of the accident occurred during the year		
	(i) Number of Accidents occurred		
	(ii) Number of the persons affected		
	(iii) Remedial Action taken (Please attach details if any)		NA
	(iv) Any Fatality occurred, details.		NA
9.	Are you meeting the standards of air Pollution from the incinerator? How many times in last year could not met the standards?		NO
	Details of Continuous online emission monitoring systems installed		
10	Liquid waste generated and treatment methods in place. How many times you have not met the standards in a year?		ETP
11	Is the disinfection method or sterilization meeting the log 4 standards? How many times you have not met the standards in a year?		NO
12	Any other relevant information	:	(Air Pollution Control Devices attached with the Incinerator)

Certified that the above report is for the period from

.....
 01-01-2022 To 31-12-2022

Date:

Place Bhopal

.....
 Name and Signature of the Head of the Institution

INDIRA IVF HOSPITAL PVT. LTD.

Manya Arcade, 1st & 2nd Floor, Plot No. 6,

ISBT, Commercial Scheme, Zone-12,

Ward-58, BHOPAL-462011 (M. P.)

APPROX. QUANTITY OF BIO MEDICAL WASTE FOR THE YEAR 1st JAN' 2022 TO 31st DEC'2022 TREATED AND DISPOSED OFF THROUGH: M/S ENVIRONMENT PROTECTION CORPORATION, CBWTF, SEHORE							
NAME OF INSTITUTION	1114 - B	INDIRA IVF HOSPITAL PVT. LTD.					
ADDRESS		1st & 2nd Floor Plot No. 6, ISBT Commercial Scheme Zone - 12, Ward - 58, Bhopal (M.P.)					
OWNER/OCCUPIER		Mr. Mitesh Dave					
NO OF BEDS		9					
EMAIL ID		legal.indiraivf@gmail.com					
CONTACT NO		7230026663					
PERIOD	BEDS	CAT. OF BMW					
		YELLOW	RED	BLUE	WHITE	LIQUID WASTE	
		in kgs	in kgs	in kgs	in kgs	in ltrs	
		INCINERABLE	AUTOCLAVABLE				
Jan-22	9	30.98	6.64	3.98	2.66		44.26
Feb-22	9	34.40	7.37	4.42	2.95		49.14
Mar-22	9	31.31	6.71	4.03	2.68		44.73
Apr-22	9	32.08	6.87	4.12	2.75		45.83
May-22	9	33.52	7.18	4.31	2.87		47.88
Jun-22	9	35.72	7.65	4.59	3.06		51.03
Jul-22	9	30.10	6.45	3.87	2.58		43.00
Aug-22	9	32.63	6.99	4.20	2.80		46.62
Sep-22	9	31.64	6.78	4.07	2.71		45.20
Oct-22	9	28.78	6.17	3.70	2.47		41.11
Nov-22	9	37.60	8.06	4.83	3.22		53.71
Dec-22	9	34.84	7.47	4.48	2.99		49.77
ANNUAL TOTAL		393.59	84.34	50.60	33.74		
MONTHLY AVERAGE		32.80	7.03	4.22	2.81		
DAILY AVERAGE		1.08	0.23	0.14	0.09		

INCINERATION	393.59
AUTOCLAVING	168.68



Grey



Blue



Green



Orange



Pink



Yellow



White

Form 10 [See rule 19 (1)]

MANIFEST FOR HAZARDOUS AND OTHER WASTE.

1.	Sender's Name and mailing address (including Phone No. and e-mail):	INDIRA IVF HOSPITAL PVT. LTD., ISBT Commercial Scheme Zone-12, Ward No. 58, Bhopal Shapura (9664087204 accounts.bhopal@indiraivf.in)			
2.	Sender's Authorize No.	118852			
3.	Manifest Document No.	1800034900			
4.	Transporter's Name and mailing address (including Phone No. and e-mail):	Kubu Logistics & Warehousing Solutions Pvt.Ltd. (9425910201/ satyamidragroup@satyamidragroup.org)			
5.	Type of Vehicle	(Truck/Tanker/Special Vehicle)			
6.	Transporter's Registration No.	117026			
7.	Vehicle Registration No.	HR55G7543			
8.	Receiver's Name and mailing address (including Phone No. and e-mail):	Unison Global Industries (old name R.K. Steel & Scrap Suppliers) (8827512675/ rksteelscrapsuppliers@gmail.com)			
9.	Receiver's Authorize No.	120068			
10.	Waste Description.	I - 5.1 ~ Used or Spent Oil			
11.	Total Quantity	0.010 MT			
12.	Physical Form	(Solid/Semi-Solid/Sludge/Oily/Tarry/Slurry/Liquid)			
13.	Special handling instruction and additional information.			
14.	Sender's Certificate.	I hereby declare that the content of the consignment are fully and accurately describe above by proper shipping name and are categorised, packed, Marked, and labelled, and are in all respects in proper conditions for transport by road according to applicable national goverment regulation.			
Name of Stamp:		Signature: 	Month	Day	Year
			03	20	2023
15.	Transporter acknowledgment of receipt of Waste				
Name of Stamp:		Signature: 	Month	Day	Year
			03	20	2023
16.	Receiver's certificate for receipt of hazardous and other waste.				
Name of Stamp:		Signature: 	Month	Day	Year