

INDIRA IVF HOSPITAL PVT. LTD.

To The officer incharge Regional office SPCB Ranchi

Date: 05-05-2023

Sub: Submission of Annual Bio-medical waste report for the year 2021-2022.

Respected Sir/Madam,

We Indira IVF Hospital Pvt. Ltd. Situated at 5th Floor, Royal Square Building, Plot No.-1727, Opp.- PNB, Argora Chowk, Ranchi, Jharkhand-834002.

This is to inform you that herewith we are submitting annual BMW report for the year of 2021-2022 & necessary documents.

Enclosure:

1. Form-4

2. Annual BMW report.

Thanking You.

For Indira IVF Hospital Centre Seal

Dr. Puja Rani

Authorised Signatory

Doctor Seal

SAVE GIRL CHILD

बेटी बचाओ/बेटी पढ़ाओ, अभियान में सहयोग करें।

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।

www.indiraivf.com info@indiraivf.in CIN: U85110RJ2015PTC046846

BIO- GENETIC LABORATORIES (P) LIMITED

AN ISO 9001:2008 CERTIFIED COMPANY
Regd. Office: LG – 23, Urmila Tower, Bank More, Dhanbad
Contact No – 9534918984, 9709034815

PAN NO.-AACCB9966F GST NO.- 20AACCB9966F1ZQ

	abo	STATEMENT OF					
Months	RED	YELLOW	BLI		WHITE	-	in KG
JANUARY	3.7	9.2		4.5			
FEBRUARY	3.5	6.4		4.5	3.6		21
MARCH	6.3	7.5		2.6	0.5 1.9		13
APRIL	5.2	6.1		2.3	2.5		18.2
MAY	3.5	5.6		5.6	2.6		16.1
JUNE	6.2	6.1		3.2	2.6		17.3 18.1
JULY	2.3	4.5		2.3	3.6		12.7
AUGUST	3.2	6.4		1.2	2.5		13.3
SEPTEMBER	3.5	7.5		3.8	2.1		16.9
OCTOBER	4.5	4.6		4.6	3.6		17.3
NOVEMBER	5.1	5.3		5.2	1.6		17.2
DECEMBER	3.4	4.6		1.5	1.2		10.7
	50.4	73.8		39.3	28.3		10.7
ULL YEAR	50.4	73.8	GRAND TOTAL				91.8



Bio-Genetic Laboratories Pvt. Ltd.

Contact: +91 9709034815

Email: bglpvtltd@gmail.com

Rose Rose

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 NF Hapital N

2. Authorisation No. and Date of issue:

3. Name of the authorised person and full address with telephone, fax number and e-mail:

4. Production during the year (product wise), wherever applicable

Part A. To be filled by hazardous waste generators

1. Total quantity of waste generated category wise \\ \(\)

2. Quantity dispatched

(i) to disposal facility

(ii) to recycler or co-processors or pre-processor

(iii) others

3. Quantity utilised in-house, if any -

4. Quantity in storage at the end of the year -

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 -
- 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 -

Signature of the Occupier or Operator of the disposal facility

Date.....