## Form – IV (See rule13) ANNUAL REPORT

[To be submitted to the prescribed authority on or before 30<sup>th</sup> 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)]

S1.		1 3	
Jo	Particulars		
	Particulars of the Occupier	:	
	(i) Name of the authorised person (occupier or : operator of facility)		Dr. Kshitiz Newdia
	(ii) Name of HCF or CBMWTF	Ė	Indiena INF Hospital
	(iii) Address for Correspondence	:	3°9 & 4th Floor, Kippstonp
	(iv) Address of Facility		Cop PAU gate 1, ferozpuse Re Sasabha Nagar, Ludhipun
	(v)Tel. No, Fax. No	:	9877612461
	(vi) E-mail ID	:	Sujal@indileaiv f. in
	(vii) URL of Website		
	(viii) GPS coordinates of HCF or CBMWTF		NWW Tudicainf. com
	(ix) Ownership of HCF or CBMWTF	:	(State Government or Private or Semi Govt. or any other)
	(x). Status of Authorisation under the Bio-Medical	:	Authorisation No.:
	Waste (Management and Handling) Rules		BMW   Renewal/LDH3/2013/21/322
	(xi). Status of Consents under Water Act and Air Act	:	Valid up to: Water - 31/3/2028
2.	Type of Health Care Facility	:	ALL-31/03/2028 HCF-Hospital
	(i) Bedded Hospital	:	No. of Beds: 12
- 1	(ii) Non-bedded hospital	:	

	Clinic or Blood Bank or Clinical y Research Institute or Veterinary Hospital or other)	or						
	(iii) License number and its date of expiry							
3.	Details of CBMWTF		:					
	(i) Number healthcare facilities covered CBMWTF	l by	:					
	(ii) No of beds covered by CBMWTF		:					
	(iii) Installed treatment and disposal capaci of CBMWTF:	ty	:	Kg per day				
	(iv) Quantity of biomedical waste treated or disposed by CBMWTF		:	Kg/day				
4.	Quantity of waste generated or disposed in Kg	g per	:	Yellow Category : 65, 42 19				
	annum (on monthly average basis)			Red Category: 66.97 kg				
			White: 1.17 kg					
				Blue Category: 24.49 kg				
				General Solid waste: 90-100 kg apps				
5	Details of the Storage, treatment, transportation, processing and Disposal Facility							
	(i) Details of the site storage : Si	ize	:					
	facility							
				on-site storage : (cold storage or ovision)				

disposal facilities		Type of treatment equipment	No of	Cap acit	Quantity treatedo
			unit	у	r
			S	Kg/	disposed
				day	in kg
					per
					annum
		Incinerators			_
		Plasma Pyrolysis			
		Autoclaves			
		Microwave			_
		Hydroclave			
		Shredder			_
		Needle tip cutter or			
		destroyer		-	_
		Sharps			_
		encapsulation or			3
		concrete pit		-	_
					. —
		Deep burial pits:			
		Chemical			-
		disinfection:		-	_
		Any other treatment			
(iii) Operation C		equipment:			
(iii) Quantity of recyclable wastes	:	Red Category (like plastic	olass	etc.)	
sold to authorized recyclers after		o , ( and principle	, 51433	cic.)	
treatment in kg per annum.		_	-		
(iv) No of vehicles used for collection	:				
and transportation of biomedical					
waste		_	_		
(v) Details of incineration ash and					
ETP sludge generated and disposed		Quantity		Where	
during the treatment of wastes in Kg		generate	d	dispos	sed
per annum		Incineration		_	
		Ash		_	
(vi) Name of the C		Medicare Erwis Management	OKo	_	MCL.
(vi) Name of the Common Bio-:		Medicaro Guis	min		<u></u>
Medical Waste Treatment Facility		Mana a	0 0	ren	ral
Operator through which wastes are disposed of		nanagement	regu	ate o	Linute
		V			
(vii) List of member HCF not handed					
over bio-medical waste.		_			
Do you have bio-medical waste					
nanagement committee? If yes attach					
illinutes of the meetings held during		Va:			
ne reporting period		Yes.			
Details trainings conducted on BMW	-				
i) Number of trainings conducted on	-				-
-) - willout OI Hallinge Conditated					

	(ii) number of personnel trained		2.0
	(iii) number of personnel trained at the time of induction		20
	(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	+	- Tanana
	(iii) Remedial Action taken (Please	+	_
	attach details if any)		_
_	(iv) Any Fatality occurred, details.	+	
9.	Are you meeting the standards of air	+	
	Pollution from the incinerator? How		
	many times in last year could not met the standards?		_
	Details of Continuous online emission	+	
10	monitoring systems installed		
10	and treatment	1	
	you have not met the standards in a year?		STP, O Times.
1	Is the disinfection method or		
	sterilization meeting the log 4		
	standards? How many times you have		
2	not met the standards in a year?		
-	Any other relevant information	:	(Air Pollution Control Deci
-			(Air Pollution Control Devices attached with the Incinerator)

Certified that the above report is for the period from	
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01-01-20	L3 TO 31-12-2023.
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	0.00-
	Sar
	Name and Signature of the Head of the Institution

Date: 08/01/2024 Place Ludhiana





INDIRA IVF HOSPITAL PVT. LTD.									
BMW RECORD MONTH WISE									
MONTH	RED	YELLOW	WHITE	BLUE					
JANUARY	28.819	41.649	1.95	10.2					
February	38.1	58.994	0.96	29.15					
March	40.439	60.968	0.3	8.357					
April	96.058	82.905	0.35	31.61					
May	104.338	80.675	0.89	31.4					
June	55.4	49.89	1.7	27.6					
July	96.686	85.576	1.32	28.026					
August	53.232	56.047	0.67	19.728					
September	87.046	92.692	0.7	36.257					
October	77.895	74.034	2.29	25.36					
November	36.705	33.898	1.4	20.661					
December	88.93	67.775	1.53	25.628					
TOTAL	803.648	785.103	14.06	293.977					

