



To The,
Regional Office
UP Pollution Control Board
INS-2 Sector-16, Vasundhara
Ghaziabad.

Subject : Submission of Annual report of Bio waste for the Yr. 2019,2020,2021

Dear Sir,

We do hereby request you to kindly find the documents attached with this covering letter pertaining to the submission of hard copy of Bio-waste annual report as mentioned above.

We thank you for your kind perusal.

Yours Sincerely,

Head of institution

REGIONAL OFFICE
U.P. Pollution Control Board
Ins-2 Sector-16 Vasundhara
Ghaziabad

Manipal Hospital, Ghaziabad
NH - 24, Hapur Road, Opp. Bahmeta Village, Ghaziabad, Uttar Pradesh - 201 002
P : 0120-616 5666

Manipal Health Enterprises Private Limited
CIN: U85110KA2003PTC033055
Regd. Off. The Annexe, #98/2, Rustom Bagh, Off. HAL Airport Road, Bengaluru - 560 017
P +91 80 4936 0300 E info@manihospitals.com www.manipalhospitals.com

**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 authorized person (occupier or operator of facility)		MIR. ATUL BHELL
	(ii) Name of HCF or CBMWTF		MANIPAL HOSPITAL PVT. LTD.
	(iii) Address for Correspondence		NH-24 NEAR LAND CRAFT
	(iv) Address of Facility		GHAZIABAD - 0120-6165666
	(v) Tel. No. Fax No		PIN - 201002
	(vi) E-mail ID		customer.care@ghaziabad
	(vii) URL of Website		manipal.hospitals.com
	(viii) GPS coordinates of HCF or CBMWTF		
	(ix) Ownership of HCF or CBMWTF		(State Government or Private or Semi Govt. or any other)
(x) Status of Authorization under the Bio-Medical Waste (Management and Handling) Rules		Authorisation No.:	
(xi) Status of Consents under Water Act and Air Act		Valid upto: 2023	
2	Type of Health Care Facility		
	(i) Bedded Hospital		No. of Beds: 97
	(ii) Non-bedded hospital		
3	Clinical Laboratory or Research Institute or Veterinary Hospital or any other)		
	(iii) License number and its date of expiry		
	Details of CBMWTF		
	(i) Number of health care facilities covered by CBMWTF		
(ii) No. of Beds covered by CBMWTF			
(iii) Installed treatment and disposal capacity of CBMWTF;		_____ Kg / day	
(iv) Quantity of bio medical 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: 129.73
			Red Category: 137.86
			White: 23.00
			Blue Category: 77.76
			General Solid Waste:
5	Details of the Storage, Treatment, Transportation, Processing and Disposal Facility		
	(i) Details of the on-site storage	Size:	Manipal Hospital NH-24, Hapur Road, Opp. Bahmeta Village, Near Land Craft Golflinks, (Ghaziabad-201002 (I.P.)

facility		Capacity: Provision of on-site storage : (Cold storage, any other provision)			
(i)	Disposal facilities	Type of treatment equipment	No of Units	Capacity Kg/day	Quantity Treated/ disposed 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:			
(ii)	Quantity of recyclable wastes sold to authorized recyclers after treatment in Kg per annum	: Red Category (like plastic, glass, etc.)			
(iv)	No. of Vehicles used for collection and transportation of biomedical waste	:			
(v)	Details of incineration ash and ETP sludge generated and disposed during the treatment of wastes in Kg per annum		Quantity Generated	Where disposed	
		Incineration			
		Ash			
		ETP Sludge	NILL		
(vi)	Name of the Common Bio-Medical Waste Treatment Facility Operator through which wastes are disposed of				
(vii)	List of member HCF not handed over bio-medical waste				
6	Do you have bio-medical waste management committee? If yes, attach minutes of the meetings held during the reporting period				

Manipal Hospital
NH-24, Hapur Road,
Opp. Bahmeta Village,
Near Land Craft Golflinks,
Ghaziabad-201002 (U.P.)

Details trainings conducted on BMW		
(i)	Number of trainings conducted on BMW Management	
(ii)	Number of personnel trained	
(iii)	Number of personnel trained at the time of induction	
(iv)	Number of personnel not undergone any training so far	
(v)	Whether standard manual for training is available?	
8	Details of the accident occurred during the year	
(i)	Number of Accidents occurred	
(ii)	Number of persons affected	
(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 monitoring systems installed	
10	Liquid waste generated and treatment methods in place. How many times you have not met the standards in a year?	
11	Is the disinfection method or sterilization meeting the log 4 standards? How many times you have not met the standards in a year?	
12	Any other relevant information	(Air Pollution Control Devices attached with the Incinerator)

Certified that the above report is for the period from

31st JAN 2021 — 31st DECEMBER-2021

Manipal Hospital
 NH-24, Hapur Road,
 Opp. Bahmeta Village,
 Near Land Craft Golflinks,
 Ghaziabad-201002 (U.P.)

Handwritten Signature

Name and Signature of the Head of the Institution

Date:

Place **GHAZIABAD**

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)	:	Mr. ATUL DEHLI
	(ii) Name of HCF or CBMWTF	:	COLUMBIA ASIA HOSPITAL
	(iii) Address for Correspondence	:	NH-24 NEAR LANDBRAFT
	(iv) Address of Facility	:	GHAZIABAD 020-6165666
	(v) Tel. No, Fax. No	:	FIN-201002
	(vi) E-mail ID	:	CUSTOMERCARE@asiahospital.com
	(vii) URL of Website	:	@Columbiaasiahospital.com
	(viii) GPS coordinates of HCF or CBMWTF	:	
	(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.:valid up to 2023
(xi). Status of Consents under Water Act and Air Act	:	Valid up to:	
2.	Type of Health Care Facility	:	
	(i) Bedded Hospital	:	No. of Beds:..... 99
	(ii) Non-bedded hospital	:	
	(Clinic or Blood Bank or Clinical Laboratory or Research Institute or Veterinary Hospital or any other)	:	
(iii) License number and its date of expiry	:		
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 : 2099
	YEARLY COUNT		Red Category : 2488
			White: 200
			Blue Category : 585.42
			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	Type of treatment equipment	No of units	Capacity Kg/day	Quantity treated or disposed 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:			
(iii) Quantity of recyclable wastes sold to authorized recyclers after treatment in kg per annum.	:	Red Category (like plastic, glass etc.)		
(iv) No of vehicles used for collection and transportation of biomedical waste	:			
(v) Details of incineration ash and ETP sludge generated and disposed during the treatment of wastes in Kg per annum		Quantity generated	Where disposed	
	Incineration Ash ETP Sludge	NIL		
(vi) Name of the Common Bio-Medical Waste Treatment Facility Operator through which wastes are disposed of	:			
(vii) List of member HCF not handed over bio-medical waste.				
6 Do you have bio-medical waste management committee? If yes, attach minutes of the meetings held during the reporting period				
7 Details trainings conducted on BMW				
(i) Number of trainings conducted on BMW Management.				



	(ii) number of personnel trained		
	(iii) number of personnel trained at the time of induction		
	(iv) number of personnel not undergone any training so far		
	(v) whether standard manual for training is available?		
	(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)		
	(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 monitoring systems installed		
10	Liquid waste generated and treatment methods in place. How many times you have not met the standards in a year?		
11	Is the disinfection method or sterilization meeting the log 4 standards? How many times you have not met the standards in a year?		
12	Any other relevant information	:	(Air Pollution Control Devices attached with the Incinerator)

Certified that the above report is for the period from

01st JAN 2020 - 31st Dec 2020

Name and Signature of the Head of the Institution

Date:

Place CHANABAD



**Form IV
(Sec rule 13)
ANNUAL REPORT**

is submitted to the prescribed authority on or before 30th June every year for the period from 1st January to 31st December of the preceding year, by the occupier of health care facility (HCF) or common bio-medical waste treatment facility (CBWTF)

Sl. No.	Particulars	
	Particulars of the Occupier	
(i)	Name of the authorized person (occupier or proprietor of facility)	M. RATULI SHILL
(ii)	Name of HCF or CBMWTF	CCIC MEDICAL HOSPITAL
(iii)	Address for correspondence	THU 24, NEAR LANSCHART
(iv)	Address of Facility	CALFEIMKS CHANIMARD
(v)	Pin No. Fax No.	7120 210 000
(vi)	Mobile No.	91 98422 24 674441 8110
(vii)	URL or Website	www.mhshill.com
(viii)	GPS coordinates of HCF or CBMWTF	
(ix)	Ownership of HCF or CBMWTF	(State Government or Private or Semi Govt or any other)
(x)	Status of Authorization under the Bio-Medical Waste (Management and Handling) Rules	Authorisation No. 2517/13m24-255/2000 Valid upto: 13/12/2020
(xi)	Status of Consents under Water Act and Air Act	Valid upto: 2020
(xii)	Is it Health Care Facility	
(xiii)	Is itabled Hospital	No. of Beds: 97
(xiv)	Is itnon-abled hospital	
(xv)	Clinical Laboratory or Research Institute or Veterinary Hospital or any other	
(xvi)	License number and its date of expiry	
(xvii)	Details of CBMWTF	
(i)	Number of health care facilities covered by CBMWTF	
(ii)	No. of Beds covered by CBMWTF	
(iii)	Installed treatment and disposal capacity of CBMWTF	Kg / day
(iv)	Quantity of bio-medical waste generated or disposed by CBMWTF	Kg / day
(v)	Quantity of waste generated or disposed in Kg per Annum (on monthly average basis)	Yellow Category: 27.22 Kg Red Category: 324.55 Kg White: 26.73 Kg Blue Category: 89.32 Kg General Solid Waste:
(vi)	Details of the Storage, Treatment, Transportation, Processing and Disposal Facility	
(i)	Details of the on-site storage	Size:

Capacity		Provision of on-site storage : (Cold any other provision)		
(ii) Disposal facilities				Quantity Treated disposed in kg per annum
	Type of treatment equipment	No of Units	Capacity Kg/day	
	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			
(iii)	Quantity of recyclable wastes sold to authorized recyclers after treatment in kg per annum	Red Category (like plastic, glass, etc.)		
(iv)	No. of vehicles used for collection and transportation of biomedical waste			
(v)	Details of incineration ash and ETP sludge generated and disposed during the treatment of wastes in kg per annum		Quantity Generated	Where disposed
		Incineration		
		Ash		
		ETP Sludge		
(vi)	Name of the Common Bio-Medical Waste Treatment Facility Operator through which wastes are disposed of			
(vii)	List of member HCF not handed over bio-medical waste.			
6	Do you have bio-medical waste management committee? If yes, attach minutes of the meetings held during the reporting period			

7	<p>Details of trainings conducted on BMW</p> <p>(i) Number of trainings conducted on BMW Management.</p> <p>(ii) Number of personnel trained</p> <p>(iii) Number of personnel trained at the time of induction</p> <p>(iv) Number of personnel not undergone any training so far</p> <p>(v) Whether standard manual for training is available?</p>	
8	<p>Details of the accident occurred during the year</p> <p>(i) Number of Accidents occurred</p> <p>(ii) Number of persons affected</p> <p>(iii) Remedial Action taken (Please attach details if any)</p> <p>(iv) Any Fatality occurred, details</p>	
9	<p>Are you meeting the standards of air Pollution from the incinerator? How many times in last year could not met the standards?</p> <p>Details of Continuous online emission monitoring systems installed</p>	
10	<p>Industrial waste generated and treatment methods in place. How many times you have not met the standards in a year?</p>	
11	<p>Is the disinfection method or sterilization meeting the log 4 standard? How many times you have not met the standards in a year?</p>	
12	<p>Any other relevant information</p>	<p>(Air Pollution Control Devices attached with the Incinerator)</p>

I certify that the above report is for the period from 01st Jun 2019 - 31st Dec 2019

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Name and Signature of the Head of the Institution

Place GHAZIABAD

