



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., 18 PU.2.Floor Satyaraj Complex Opp Malhar Mega Mall Indore Indore (7694008861 admin.indore@indiraivf.in)
- 2. Sender's Authorize No. 112513
- 3. Manifest Document No. 1800044852
- 4. Transporter's Name and mailing address (including Phone No. and e-mail): Kubu Logistics & Warehousing Solutions Pvt.Ltd. (9425910201/ kubulogisticsandwarehousing@gmail.com)
- 5. Type of Vehicle (Truck/Tainker/Special Vehicle)
- 6. Transporter's Registration No. 117026
- 7. Vehicle Registration No. MP10G3702
- 8. Reciever's Name and mailing address (including Phone No. and e-mail): Unison Global Industries (old name R.K. Steel & Scrap Supplires) (Reception or recycling or reuse or recovery) (8827512675/ rksteelscrapsuppliers@gmail.com)
- 9. Reciever's Authorize No. 120068
- 10. Waste Descriptiion. I - 5.1 ~ Used or Spent Oil
- 11. Total Quantity 0.020 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 government regulation.

Name of Stamp:	Signature:	Month	Day	Year
		02	02	2024

15. Transporter acknowledgment of receipt of Waste

Name of Stamp:	Signature:	Month	Day	Year
		02	02	2024

16. Reciever's certificate for receipt of hazardous and other waste.

Name of Stamp:	Signature:	Month	Day	Year

## Annual Returns form for Health Care Facilities / Common Bio-medical Waste Treatment and Disposal Facility (CBWTF)

**PCB ID : 112513      Health Care Facility / CBWTF Name : Indira IVF Hospital PVT LTD.**

1	Year	2023 ▼
2	Type of Health Care Facility	Bedded Hospital Prive ▼
3	Number of Beds	9
4	License Number and Date of Expiry of License	AWB-113336      31/01/20
5	Do you have Captive Treatment Facility ?	<input type="radio"/> Yes <input checked="" type="radio"/> No
<b>Quantity of Waste Generated or Disposed in Kg per annum (on monthly average basis)</b>		
6	Yellow Category	41.942
7	Red Category	75.839
8	White Category	11.233
9	Blue Category	28.134
10	General Solid Waste	50.00
<b>Details of the Storage, Treatment, Transportation, Processing and Disposal Facility</b>		
11	Details of the on-site storage facility	Size: 40 liter dustbins of different colors for storage
12	Treatment Facility	CHM
13	Quantity of Recyclable Waste sold to Authorized Recyclers after Treatment ( in kg / Year )	0
14	Number of Vehicles used for Collection and Transportation of Biomedical Waste	1
15	Details of Incineration Ash and ETP Sludge generated and disposed	0

	during the Treatment of waste (in Kg / Year )	
16	Name of the Common Bio-Medical Waste Treatment Facility Operator through which waste are disposed of	Hoswin Incinerator Pvt. Ltd
17	Do you have bio-medical waste management committee ? If yes, minutes of the meetings held during the reporting period	<input type="radio"/> Yes <input checked="" type="radio"/> No We don't have a bio medical waste management

#### Details of Trainings conducted on Bio Medical Waste Management

18	Number of Trainings conducted on BMW Management	9
19	Number of Personnel Trained	9
20	Number of Personnel Trained at the time of Induction	
21	Number of Personnel not undergone any Training so far	9
22	Whether standard manual for Training is available ?	<input checked="" type="radio"/> Yes <input type="radio"/> No
23	Any other information	NO

#### Details of the accident occurred during the year

24	Number of Accident occurred	0
25	Number of the persons affected	0
26	Remedial Action taken ( details if any )	NA
27	Any Fatality Occurred , details	NA
28	Are you meeting the standards of air Pollution from the incinerator ? How many times in last year could not met the standards?	<input type="radio"/> Yes <input checked="" type="radio"/> No NA
29	Details of Continuous Online Emission Monitoring systems installed	NA



30	Liquid waste generated and treatment methods in place . How many times you have not met the standards in a year	presently the effluen
31	Is the disinfection method or sterilization meeting the log 4 standards ? How many times you have not met the standards in a year ?	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="text" value="NA"/>
32	Any other relevant information	NA
Update		

For Indira IVF Hospital Pvt. Ltd.,

  
 Authorised Signatory.

## Form - 4

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

## FORM FOR FILING ANNUAL RETURNS - 2022-23

[To be submitted to State Pollution Control Board by 30<sup>th</sup> day of June of every year for the preceding period April to March] PCB ID No:

1.	Name and address of facility:	INDIRA IVF HOSPITAL PVT LTD 1 <sup>st</sup> & 2 <sup>nd</sup> FLOOR SATVARAJ COMPLEX A-B ROAD V2JAY NAGAR INDORE U.S.2010
2.	Authorization No. and Date of issue:	AWB 11 3336
3.	Name of the authorised person and full address with telephone, fax number and e-mail	DR. YOGITA PARINAR, INDIRA HOSPITAL PVT LTD 1 <sup>st</sup> & 2 <sup>nd</sup> FLOOR SATVARAJ COMPLEX A-B ROAD V2JAY NAGAR, INDORE U.S.2010 7694008865
4.	Production during the year (product wise), wherever applicable	2023-2024

## Part A.

## To be filled by hazardous waste generators

1-Total quantity of waste generated category wise	
i- Name of Hazardous Waste	SPent oil
ii- Category	5.0
iii- Authorized Quantity	0.050 MT
iv- Generated Quantity	0.012 MT
v- 2021-2022 storage quantity	NIL
2. Quantity dispatched	
(i) to disposal facility	Unison Global Industries
(ii) to recycler or co-processors or pre-processor	Unison Global Industries
(iii) other	NA
3. Quantity utilised in-house, if any -	NA
4. Quantity in storage at the end of the year -	NA

Part B.

To be filled by Treatment, storage and disposal facility operators

1. Quantity in storage at the end of the year - (i) domestic sources (ii) imported (if applicable)	NA
2. Quantity in stock at the beginning of the year -	NA
3. Quantity treated -	NA
4. Quantity disposed in landfills as such and after treatment -	NA
5. Quantity of waste generated -	NA
6. Quantity of waste disposed -	NR
7. Quantity re-exported (wherever applicable)-	NA
8. Quantity in storage at the end of the year -	NA

Date -

Place - Indore

Signature of the Occupier or  
Operator of the disposal facility

For Indra IVF Hospital Pvt. Ltd.,

  
Authorised Signatory.