

Date: 27.01.2025

To,  
The State Pollution Control Board, Odisha,  
Unit – VIII, Bhubaneswar - 751012

Subject: Submission of Annual Report Bio Medical waste from 01.01.2024 to 31.12.2024.

Respected Sir/ Madam,

This is to inform you that We Indira IVF Hospital LTD, Located at 2<sup>nd</sup> & 3<sup>rd</sup> Floor, Triplex Building, Gajapatnagar, Sachivalaya Marg, Chandrasekharapur, Bhubaneswar, Odisha – 751013, has submitted BMW annual report for the year 2024. Necessary documents attached for the BMW annual report – 2024.

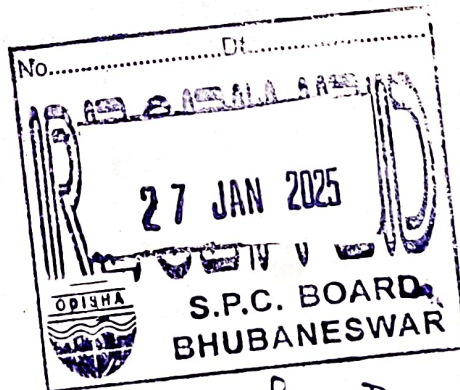
BMW Registration No - IND-IV-BW-3275

Enclosures:

1. Form 4
2. BMW annual report.

Yours Faithfully,

Authorized Signatory  
Indira IVF Hospital Ltd.



Centre Seal

INDIRA IVF HOSPITAL PVT. LTD.  
Triplex, 2nd Floor, Gajapati Nagar  
Sachivalaya Marg, Near Sainik School  
Bhubaneswar, Khurda-751013(Odisha)

Doctor Seal  
27.01.25



SAVE GIRL CHILD

बेटी बचाओ/बेटी पढ़ाओ, अभियान में सहयोग करें।

Accredited by



Indira IVF Hospital Pvt. Ltd.

Registered Office :

4th Floor, C Tower, Times Square Building, Marol, Gamdevi, Andheri Kurla Road, Andheri East, Marol Naka, Mumbai- 400059, (Mah.), India

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

Website : www.indiraivf.com

Email : info@indiraivf.in

CIN: U85110MH2015PTC406059

**Form - IV**  
**(See rule 13)**  
**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)]

| Sl. No. | Particulars   |   |   |
|---------|---|---|---|
| 1.      | Particulars of the Occupier   | : |   |
|         | (i) Name of the authorised person (occupier or operator of facility)  | : | Dr Sasmita Naik   |
|         | (ii) Name of HCF or CBMWTF  | : | Indira IVF Hospital Ltd   |
|         | (iii) Address for Correspondence  | : |   |
|         | (iv) Address of Facility  | : | 2 <sup>nd</sup> Floor, Gajapati Nagar, Sachivalaya Marg, Chandrasekharpur, Bhubaneswar, Odisha - 751013 |
|         | (v) Tel. No, Fax. No  | : |   |
|         | (vi) E-mail ID  | : | License.applications@indiraivf.in   |
|         | (vii) URL of Website  | : |   |
|         | (viii) GPS coordinates of HCF or CBMWTF   | : |   |
|         | (ix) Ownership of HCF or CBMWTF   | : | Public Limited  |
|         | (x). Status of Authorisation under the Bio-Medical Waste (Management and Handling) Rules  | : | Authorisatio No. IND-IV-BW3275.....valid up to 31.03.2026   |
|         | (xi). Status of Consents under Water Act and Air Act  | : | Valid up to: 31.03.2026   |
| 2.      | Type of Health Care Facility  | : |   |
|         | (i) Bedded Hospital   | : | No. of Beds: 08   |
|         | (ii) Non-bedded hospital<br><br>(Clinic or Blood Bank or Clinical Laboratory or Research Institute or Veterinary Hospital or any other) | : |   |
|         | (iii) License number and its date of expiry   | : | 15/2017/Khordha-11/09/2029  |
| 3.      | Details of CBMWTF   | : |   |
|         | (i) Number healthcare facilities covered by CBMWTF  | : |   |
|         | (ii) No of beds covered by CBMWTF   | : | NA  |
|         | (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)                | :               | <table border="1"> <tr> <td>Yellow Category</td> <td>: 1050.802</td> </tr> <tr> <td>Red Category</td> <td>:455.592</td> </tr> <tr> <td>White Category</td> <td>:29.209</td> </tr> <tr> <td>Blue Category</td> <td>:319.613</td> </tr> <tr> <td>General Solid waste:</td> <td></td> </tr> </table>   | Yellow Category             | : 1050.802     | Red Category    | :455.592                                     | White Category               | :29.209                                 | Blue Category | :319.613 | General Solid waste: |  |  |  |            |  |  |  |           |  |  |  |            |  |  |  |          |  |  |  |                                |  |   |  |                                      |  |   |  |                   |  |  |  |                        |  |   |  |                                |  |  |  |
| Yellow Category                      | : 1050.802  |                 |   |                             |                |                 |  |                              |   |               |          |                      |  |  |  |            |  |  |  |           |  |  |  |            |  |  |  |          |  |  |  |                                |  |   |  |                                      |  |   |  |                   |  |  |  |                        |  |   |  |                                |  |  |  |
| Red Category                         | :455.592  |                 |   |                             |                |                 |  |                              |   |               |          |                      |  |  |  |            |  |  |  |           |  |  |  |            |  |  |  |          |  |  |  |                                |  |   |  |                                      |  |   |  |                   |  |  |  |                        |  |   |  |                                |  |  |  |
| White Category                       | :29.209   |                 |   |                             |                |                 |  |                              |   |               |          |                      |  |  |  |            |  |  |  |           |  |  |  |            |  |  |  |          |  |  |  |                                |  |   |  |                                      |  |   |  |                   |  |  |  |                        |  |   |  |                                |  |  |  |
| Blue Category                        | :319.613  |                 |   |                             |                |                 |  |                              |   |               |          |                      |  |  |  |            |  |  |  |           |  |  |  |            |  |  |  |          |  |  |  |                                |  |   |  |                                      |  |   |  |                   |  |  |  |                        |  |   |  |                                |  |  |  |
| General Solid waste:                 |   |                 |   |                             |                |                 |  |                              |   |               |          |                      |  |  |  |            |  |  |  |           |  |  |  |            |  |  |  |          |  |  |  |                                |  |   |  |                                      |  |   |  |                   |  |  |  |                        |  |   |  |                                |  |  |  |
| 5                                    | Details of the Storage, treatment, transportation, processing and Disposal Facility               |                 |   |                             |                |                 |  |                              |   |               |          |                      |  |  |  |            |  |  |  |           |  |  |  |            |  |  |  |          |  |  |  |                                |  |   |  |                                      |  |   |  |                   |  |  |  |                        |  |   |  |                                |  |  |  |
|                                      | (i) Details of the on-site storage facility   | :               | <table border="1"> <tr> <td>Size</td> <td>:</td> </tr> <tr> <td>Capacity</td> <td>:</td> </tr> <tr> <td>Provision of on-site storage</td> <td>: (cold storage or any other provision)</td> </tr> </table>   | Size                        | :              | Capacity        | :  | Provision of on-site storage | : (cold storage or any other provision) |               |          |                      |  |  |  |            |  |  |  |           |  |  |  |            |  |  |  |          |  |  |  |                                |  |   |  |                                      |  |   |  |                   |  |  |  |                        |  |   |  |                                |  |  |  |
| Size                                 | :   |                 |   |                             |                |                 |  |                              |   |               |          |                      |  |  |  |            |  |  |  |           |  |  |  |            |  |  |  |          |  |  |  |                                |  |   |  |                                      |  |   |  |                   |  |  |  |                        |  |   |  |                                |  |  |  |
| Capacity                             | :   |                 |   |                             |                |                 |  |                              |   |               |          |                      |  |  |  |            |  |  |  |           |  |  |  |            |  |  |  |          |  |  |  |                                |  |   |  |                                      |  |   |  |                   |  |  |  |                        |  |   |  |                                |  |  |  |
| Provision of on-site storage         | : (cold storage or any other provision)   |                 |   |                             |                |                 |  |                              |   |               |          |                      |  |  |  |            |  |  |  |           |  |  |  |            |  |  |  |          |  |  |  |                                |  |   |  |                                      |  |   |  |                   |  |  |  |                        |  |   |  |                                |  |  |  |
|                                      | (ii) Details of the treatment or disposal facilities  | :               | <table border="1"> <thead> <tr> <th>Type of treatment equipment</th> <th>No of units</th> <th>Capacity Kg/day</th> <th>Quantity treated or disposed in kg per annum</th> </tr> </thead> <tbody> <tr> <td>Incinerators</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Plasma Pyrolysis</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Autoclaves</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Microwave</td> <td></td> <td></td> <td></td> </tr> <tr> <td>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 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: |  |  |  |
| 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                             |                 | <table border="1"> <thead> <tr> <th>Quantity generated</th> <th>Where disposed</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> </tr> </tbody> </table>   | Quantity generated          | Where disposed |                 |  |                              |   |               |          |                      |  |  |  |            |  |  |  |           |  |  |  |            |  |  |  |          |  |  |  |                                |  |   |  |                                      |  |   |  |                   |  |  |  |                        |  |   |  |                                |  |  |  |
| Quantity generated                   | Where disposed  |                 |   |                             |                |                 |  |                              |   |               |          |                      |  |  |  |            |  |  |  |           |  |  |  |            |  |  |  |          |  |  |  |                                |  |   |  |                                      |  |   |  |                   |  |  |  |                        |  |   |  |                                |  |  |  |
|                                      |   |                 |   |                             |                |                 |  |                              |   |               |          |                      |  |  |  |            |  |  |  |           |  |  |  |            |  |  |  |          |  |  |  |                                |  |   |  |                                      |  |   |  |                   |  |  |  |                        |  |   |  |                                |  |  |  |

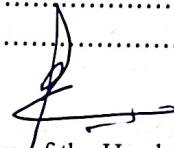


|    |   |   |                                       |
|----|---|---|---------------------------------------|
|    | during the treatment of wastes in Kg per annum  |   | Incineration<br>Ash<br>ETP Sludge     |
|    | (vi) Name of the Common Bio-Medical Waste Treatment Facility Operator through which wastes are disposed of                    | : | M/S Sani Clean Pvt. Ltd.              |
|    | (vii) List of member HCF not handed over bio-medical waste.   |   | CBMWTF will provide details.          |
| 6  | Do you have bio-medical waste management committee? If yes, attach minutes of the meetings held during the reporting period   |   | We have a waste management committee. |
| 7  | Details trainings conducted on BMW  |   |                                       |
|    | (i) Number of trainings conducted on BMW Management.  |   |                                       |
|    | (ii) number of personnel trained  |   | 18                                    |
|    | (iii) number of personnel trained at the time of induction  |   | 18                                    |
|    | (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  |   | 0                                     |
|    | (i) Number of Accidents occurred  |   | 0                                     |
|    | (ii) Number of the persons affected   |   | 0                                     |
|    | (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? |   | NA                                    |
|    | Details of Continuous online emission monitoring systems installed  |   | NA                                    |
| 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   |   | NA                                    |

|    |   |   |   |
|----|---|---|---|
|    | 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

.....  
 .....  
 .....  
 .....



Name and Signature of the Head of the Institution

Date: 27.01.2026  
 Place: Bhubaneswar





An ISO 9001:2008  
Certified Company

Since 2002

# Sani Clean Private Limited

401, N 4 - 42 F, I.R.C Village, Bhubaneswar - 751 015

Phone : +01-674 - 2556379, 2553844

Website : saniclean.co.in

E.mail : mahesh@glnniworld.com, saniclean@glnniworld.com

## INDIRA IVF HOSPITAL PVT.LTD. (2024) CHANDRASEKHARAPUR, BBSR

| MONTH          | YELLOW          | RED            | BLUE           | WHITE         |
|----------------|-----------------|----------------|----------------|---------------|
| 01-01-2024     | 63.145          | 8.319          | 23.36          | 0             |
| 01-02-2024     | 62.529          | 7.269          | 21.569         | 0.129         |
| 01-03-2024     | 76.004          | 0              | 0              | 0             |
| 01-04-2024     | 66.358          | 9.635          | 19.527         | 0             |
| 01-05-2024     | 72.634          | 25.856         | 24.897         | 5.987         |
| 01-06-2024     | 106.365         | 67.316         | 43.238         | 0.251         |
| 01-07-2024     | 137.013         | 65.073         | 50.909         | 0             |
| 01-08-2024     | 125.634         | 61.018         | 34.934         | 0             |
| 01-09-2024     | 107.319         | 62.765         | 32.32          | 6.397         |
| 01-10-2024     | 102.272         | 62.546         | 26.299         | 5.468         |
| 01-11-2024     | 101.813         | 57.6           | 27.656         | 6.381         |
| 01-12-2024     | 29.716          | 28.195         | 14.904         | 4.596         |
| <b>TOTAL =</b> | <b>1050.802</b> | <b>455.592</b> | <b>319.613</b> | <b>29.209</b> |







# STATE POLLUTION CONTROL BOARD, ODISHA

A/118, Nilakanthanagar, Unit-VIII, Bhubaneswar 751012

Tel: 2562822/2560955, EPABX : 2561909/2562847

E-Mail- [paribesh1@ospboard.org](mailto:paribesh1@ospboard.org)



FORM-III (See Rule 10)

## AUTHORISATION ORDER

No. 6154 / SPCB/Authorization (Biomedical Waste) Date 17.04.2022  
IND-IV-BW- 8275 BY SPEED SPOST

Sub: Authorization under Biomedical Waste Management Rules, 2016 and Amendment thereof for operating a facility for generation, collection, reception, treatment, storage and disposal.

APPLICATION NO: 4049926

Mr. Mitesh Dave, Chief Operations and Sale of M/s Indira IVF Hospital Pvt. Ltd., Bhubaneswar an occupier of the facility located at Plot No. 12/540, 12/541, 12/556 & 13/557, Triplex Building 2nd Floor Gajapati Nagar, Samantapuri, Bhubaneswar, Dist: Khurda sharing the treatment and disposal of biomedical waste at M/s Sani Clean Pvt. Ltd., Tangiapada, Khurda is hereby granted an authorization for;

Activity

Generation and Segregation ✓, Collection ✓, Storage ✓, Packaging ✓, Reception ✓, Transportation ✓, Treatment ✓ and Recycling ✓

The authorization is valid up to 31.03.2026 for handling wastes generated from 10 no. of beds. For any increase in number of beds, the applicant shall obtain prior permission of the prescribed authority.

An application shall be made by the Occupier for renewal of authorization in Form-II before four months from the date of expiry of this authorization.

*This authorization is subject to the general conditions, standards & special conditions stated below;*

### (A) GENERAL CONDITIONS:

1. The authorization shall comply with the provisions of the Environment (Protection) Act, 1986 and the rules made there under.
2. The authorization or its renewal shall be produced for inspection at the request of an officer authorized by the prescribed authority, i. e, State Pollution Control Board, Odisha.
3. The person authorized shall not rent, lend, sell, transfer or otherwise transport the biomedical wastes without obtaining prior permission of the State Pollution Control Board, Odisha.
4. Any unauthorized change in personnel, equipment or working conditions as mentioned in the application by the person authorized shall constitute a breach of his authorization.
5. It is the duty of the occupier to report major accidents including accidents caused by fire hazards, blasts during handling of bio-medical waste and the remedial action taken and the records relevant thereto, (including nil report) in Form-I to the prescribed authority and also along with the annual report.
6. The biomedical waste container shall be labeled as specified schedule-IV of the rules.