

## INDIRA IVF CLINIC

Date: 11.02.2025

To, The Regional officer Jharkhand State Pollution Control Board Adityapur, Jamshedpur

Subject: Submission of Annual Bio Medical waste Report for the year 2024.

Respected Sir/ Madam,

We INDIRA IVF CLINIC (A UNIT OF INDIRA IVF HOSPITAL LTD) situated at Shop No 5, 1st Floor, Dayal Trade Center, Sher E Punjab Chowk, Main Road, Adityapur, Saraikella-Kharsawan, Jharkhand-831013, BMW Registration No-JSPCB/RO/JSR/BMW-5091336/2019/15.

This is to inform you that here with We are submitting BMW annual report for the period JAN 2024 To Dec 2024.

Necessary documents are attached for the annual report.

## Enclosures:

- 1. Form 4
- 2. BMW annual report.

Thanking you,

For Indira IVF. Hospital Ltd. Adityapur

Authorised Signatory/

INDIRA IVF CI

(A UNIT OF INDIRA IVE HOSPITAL PVT. LTD.) Shop No.5, First Floor, Dayal Trade Centre Shere Punjab Chowk Main Road, Adityapur

Doctor Seal

Centre Seal

SAVE GIRL CHILD

बेटी बचाओ/बेटी पढ़ाओ, अभियान में सहयोग करें।

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

Website: www.indiralvf.com Email: info@indiraivf.in CIN: U85110MH2015PTC406059

## 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 Januaryto December of the preceding year, by the occupier of health care facility (HCF) or common bio-medical waste treatment facility (CBWTF)]

| SI. | Particulars  |     |  |  |  |
|-----|--|-----|--|--|--|
| 1   | Particulars of the Occupier  | :   |  |  |  |
|     | (i) Name of the authorized person (occupier or : operator of facility)                                   | 1   | Ocuupier :- Dr. Vandana  |  |  |
|     | (ii) Name of HCF or CBMWTF   | -   | HEG. INTERNATIONAL STREET  |  |  |
|     |  | :   | HFC :- INDIRA IVF HOSPITAL LTD.                                    |  |  |
|     | (iii) Address for Correspondence<br>(iv) Address of Facility   | 1   | 1st FLOOR, SHOP NO 5, DAYAL TRADE CENTER,                          |  |  |
|     |  | 1   | SHER-E-PUNJAB CHOWK, ADITYAPUR, SARAIKEI<br>KHARSAWAN, PIN- 831013 |  |  |
|     | (v)Tel. No, Fax. No<br>(vi) E-mail ID  | 1   | 7412020038,39,40   |  |  |
|     |  | :   | centerhead.jamshedpur@indiraivf.in                                 |  |  |
|     | (vii) URL of Website   | :   | https://www.indiraivf.com  |  |  |
|     | (viii) GPS coordinates of HCF or CBMWTF  | 1   | HCF:-At Latitude 24.19'40" N Longitude :- 87.16'45"E               |  |  |
|     | (ix) Ownership of HCF or CBMWTF  | :   | (Private)  |  |  |
|     | (x). Status of Authorization under the Bio-<br>Medical<br>Waste (Management and Handling) Rules          | :   | Available  |  |  |
|     | (xi). Status of Consents under Water Act and<br>Air<br>Act   | *   | NA .   |  |  |
| 2   | Type of Health Care Facility   | :   |  |  |  |
|     | (i) Bedded Hospital  | :   | NO BED FACILITY  |  |  |
|     | (ii) Non-bedded hospital  Clinical Laboratory or Research Institute or Veterinary Hospital or any other) | :   | OPD CLINIC   |  |  |
|     | (iii) License number and its date of expiry  | :   | NA   |  |  |
| 3   | Details of CBMWTF  | :   |  |  |  |
|     | (i) Number of health care facilities covered by CBMWTF   | :   | Not Known to us.   |  |  |
|     | (ii) No. of Beds covered by CBMWTF   | :   | Not Known to us.   |  |  |
|     | (iii) Installed treatment and disposal capacity of CBMWTF;   | :   | Kg / day   |  |  |
|     | (iv) Quantity of bio medical waste<br>treated or disposed by CBMWTF                                      | :   | Kg / day   |  |  |
|     | Quantity of waste generated or disposed in   | :   | Yellow Category: 28.9 kg (approx.)                                 |  |  |
|     | Kg per Annum (on monthly average basis)  |     | Red Category: 43.76 kg (approx.)                                   |  |  |
|     |  |     | White: 6.3 kg (approx.)  |  |  |
|     |  |     | Blue Category: 30.68 kg (approx.)                                  |  |  |
|     |  |     | General Solid Waste: 120 kg (approx.)                              |  |  |
|     | Details of the Storage, Treatment, Transportat   | ion | Processing and Disposal English                                    |  |  |
|     | (i) Details of the on-site storage   | :   | Size: 15 kg buckets of different colours for                       |  |  |
|     | facility   |     | storage  |  |  |

|     | (ii)  | Disposal facilities   |                           | Provision of on-site storage: (Cold storage o any other provision) |                   |                    |   |
|-----|---|---|---------------------------|--|-------------------|--------------------|---|
|     |   |   |                           | Type of treatment equipment  | No<br>of<br>Units | Capacity<br>Kg/day | Quantity<br>Treated or<br>disposed<br>in kg<br>per<br>annum |
|     |   |   | 2                         | Incinerators   | 0                 | 0                  | 0   |
|     | TO BE THE   |   |                           | Plasma   | 0                 | 0                  | 0   |
|     | 183   |   |                           | Pyrolysis  |                   |                    |   |
|     |   |   |                           | Autoclaves   | 0                 | 0                  | 0   |
|     | Late His  |   |                           | Microwave  | 0                 | 0                  | 0   |
|     | E SITE  |   |                           | Hydroclave   | 0                 | 0                  |   |
|     |   |   |                           | Shredder   | 0                 | 0                  | 0   |
|     |   |   |                           | Needle tip   | 1                 | 18 GM              | 6.3 KG  |
|     | 78.00   |   |                           | cutter or<br>destroyer   |                   |                    |   |
|     |   |   |                           | Sharps   | 0                 | 0                  | 0   |
|     |   |   |                           | Encapsulation or concrete pit                                      | 0                 | 0                  | 0   |
|     |   |   |                           | Deep burial pits   | 0                 | 0                  | 0   |
|     |   |   |                           | Chemical disinfection:   | 0                 | 0                  | 0   |
|     | Tax at  |   |                           | Any other treatment equipment:                                     | 0                 | 0                  | 0   |
| 100 | (iii)   | Quantity of recyclable wastes<br>sold to authorized recyclers after<br>treatment in Kg per annum                          | astes : ADITYAPUR WASTE N |  |                   |                    | PVT.LTD.  |
|     | (iv)  | No. of Vehicles used for collection and transportation of biomedical waste  | :                         | ADITYAPUR WASTE MANAGEMENT PVT.LTD                                 |                   |                    | PVT.LTD.  |
|     | (v)   | Details of incineration ash and<br>ETP sludge generated and<br>disposed during the treatment of<br>wastes in Kg per annum |                           | ADITYAPUR WASTE<br>MANAGEMENT<br>. PVT. LTD                        |                   |                    |   |
|     |   | and the same  |                           |  |                   |                    |   |
|     | (vi)  | Name of the Common Bio-<br>Medical Waste Treatment Facility<br>Operator through which wastes<br>are disposed of           |                           | ADITYAPUR WAS  | TE MAN            | AGEMENT 1          | PVT LTD.  |
|     | (vii)   | List of member HCF not handed over bio-medical waste.   |                           | ADITYAPUR WASTE MANAGEMENT PVT.LTD.                                |                   |                    |   |
| 6   | Do you have bio-medical waste   |   |                           | NA   |                   |                    |   |
|     | management committee? If yes, attach minutes of the meetings held during the reporting period |   |                           | *  |                   |                    |   |

|            | (i) Number of trainings conducted on BMW Management   | Training is conducted on QTR basis.  |  |
|------------|---|--|--|
|            | (ii) Number of personnel trained  | 8  |  |
|            | (iii) Number of personnel trained at the time of induction  | 8  |  |
|            | (iv) Number of personnel not undergone any training so far  | Not any, because at the time of joining we give<br>proper training to the staff regarding<br>BMWH&M. |  |
| 1004       | (v) Whether standard manual for training is available?  | YES  |  |
|            | etails of the accident occurred during the  | NO   |  |
|            | (i) Number of Accidents occurred  | Not Any  |  |
|            | (ii) Number of persons affected   | N/A  |  |
|            | (iii) Remedial Action taken (Please attach details if any)  | N/A  |  |
|            | (iv) Any Fatality occurred, details   | N/A  |  |
| Po         | re you meeting the standards of air ollution from the incinerator? How any times in last year could not met e standards?  | N/A  |  |
|            | etails of Continuous online emission onitoring systems installed  | N/A  |  |
| m          | quid waste generated and treatment<br>ethods in place. How many times you<br>ave not met the standards in a year?         | Presently the Effluent generated goes in soak p  |  |
| ste<br>sta | the disinfection method or erilization meeting the log 4 andards? How many times you have not et the standards in a year? | N/A  |  |
| 12 Ar      | ny other relevant information   | NO   |  |

Certified that the above report is for the period from JAN 2024 - DEC 2024.

Name and Signature of the Head of the Institution

JCMR Reg No.- 3610

Date :- 11-02-2025

Place :- Adityapur

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|           |          | -12      |        |          |
|-----------|----------|----------|--------|----------|
| MONTH     | RED      | YELLOW   | WHITE  | BLUE     |
| JANUARY   | 3.9 KG   | 3.1 KG   | 1.3 KG | 3.2 KG   |
| FEBRUARY  | 2.6 KG   | 1.6 KG   | 1.2 KG | 1.5 KG   |
| MARCH     | 3.9 KG   | 1.9 KG   | 0.5 KG | 1.9 KG   |
| APRIL     | 3.9 KG   | 5.250 KG | 0 KG   | 3.550 KG |
| MAY       | 4.7 KG   | 2.450 KG | 0.1 KG | 2.4 KG   |
| JUNE      | 2.46 KG  | 1.8 KG   | 0 KG   | 1.53 KG  |
| JULY      | 3.5 KG   | 2.5 KG   | 0.2 KG | 2.85 KG  |
| AUGUST    | 5.6 KG   | 2.2 KG   | 1.0 KG | 2.7 KG   |
| SEPTEMBER | 4.7 KG   | 2.2 KG   | 0.7 KG | 4.5 KG   |
| OCTOBER   | 3.1 KG   | 2.0 KG   | 0      | 2.6 KG   |
| NOVEMBER  | 2.9 KG   | 2.2 KG   | 1.3 KG | 2.1 KG   |
| DECEMBER  | 2.5 KG   | 1.7 KG   | 0      | 1.85 KG  |
| TOTAL     | 43.76 KG | 28.9 KG  | 6.3 KG | 30.68 KG |

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