

TO
THE PUNJAB POLLUTION CONTROL BOARD
PLOT NO-55 PHASE-2
OPP. BORSI THEATRE
MOHALI,

*Recd
Gurpreet
8/11/25*



SUBJECT: SUBMISSION OF ANNUAL REPORT

RESPECTED SIR/MAM,

THIS IS WITH REFERENCE TO THE SUBMISSION OF ANNUAL REPORT OF THE MEDICAL WASTE. PLEASE ACCEPT THE ATTACHED REPORT OF HOSPITAL. INDUS HYGIEA (INDUS SPECIALITY HEALTH) SCF-21 PHASE-6 MOHALI.

THIS REPORT IS FROM JANUARY 2024 – DECEMBER 2024. IN CASE OF ANY QUERY, PLEASE CONTACT WITH MADHAVI RANA (INFECTION CONTROL NURSE).

THANKS AND REGARDS

MADHAVI RANA

INFECTION CONTROL NURSE

INDUS HYGIEA

PHASE-6 MOHALI.

CONTACT NO -8427179434

, 7888586238.



Phauhan
For Indus Speciality Health

Human Resources Manager

INDUS HYGIEA

(A unit of Indus Speciality Health)

SCF 21, Phase-6, MOHALI Punjab (India) 160055, Tel : 0172 5022666

24x7 Indus Information Centre +91 1762 512666 | contact@indushospital.in | www.indushygiea.com

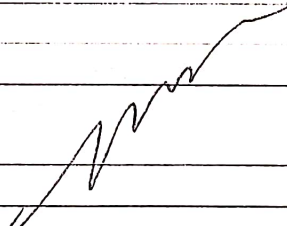
NOT VALID FOR MEDICO-LEGAL PURPOSES

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)	:	UANEET CHAUHAN
	(ii) Name of HCF or CBMWTF	:	INDUS HYGIEN PHASE-6 MUMBAI
	(iii) Address for Correspondence	:	SCF-21 PHASE-6
	(iv) Address of Facility	:	
	(v) Tel. No, Fax. No	:	P.No - 01725022666
	(vi) E-mail ID	:	
	(vii) URL of Website	:	WWW-INDUS HOSPITAL IN
	(viii) GPS coordinates of HCF or CBMWTF	:	
	(ix) Ownership of HCF or CBMWTF	:	(State Government or Private or Semi Govt. or any other) <input checked="" type="checkbox"/>
	(x). Status of Authorisation under the Bio-Medical Waste (Management and Handling) Rules	:	Authorisation No.:R.V.L.S. 2016.....valid up to
	(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:..ND
	(ii) Non-bedded hospital <input checked="" type="checkbox"/>	:	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 : 1125.754																																																
			Red Category : 161.575																																																
			White: 0.045																																																
			Blue Category : 7.178																																																
			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)																																																
	(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:			
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	(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																																														
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	during the treatment of wastes in Kg per annum	Incineration Ash ETP Sludge 1
	(vi) Name of the Common Bio-Medical Waste Treatment Facility Operator through which wastes are disposed of	RAINBOW ENVIRONMENT PVT LTD (MORALI)
	(vii) List of member HCF not handed over bio-medical waste.	NA
6	Do you have bio-medical waste management committee? If yes, attach minutes of the meetings held during the reporting period	YES
7	Details trainings conducted on BMW	Yes
	(i) Number of trainings conducted on BMW Management.	EVERY MONTH
	(ii) number of personnel trained	APPROX 25 EMPLOYEES
	(iii) number of personnel trained at the time of induction	APPROX 2 → EMPLOYEES EVERY MONTH
	(iv) number of personnel not undergone any training so far	NA
	(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	
	(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?	NA
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

..... 1-1-2024 TO 31-12-2024

.....

.....



Name and Signature of the Head of the Institution

For Indus Speciality Health

Human Resources Manager

Date:
Place

ANNUAL REPORT 2024
 BMW COLLECTION REPORT
 CONTACT PERSON :MADHAVI RANA
 INDUS HYGIEA (INDUS SPECIALITY HEALTH)

BMW waste month of JANUARY - DECEMBER 2024					
DATE	RED (KG)	YELLOW (KG)	CARDBOARD BOX (KG)	SHARPS (KG)	TOTAL
Jan-24	8.754	990.931			999.685
Feb-24	14.649	5.185	5.5		25.334
Mar-24	11.334	14.244			25.578
Apr-24	1.111	5.381			6.492
May-24	10.221	4.842			15.063
Jun-24	13.777	9.005			22.782
Jul-24	16.187	13.797			29.984
Aug-24	6.911	6.699	1.678	0.045	15.333
Sep-24	12.533	13.374			25.907
Oct-24	14.381	11.226			25.607
Nov-24	13.188	17.765			30.953
Dec-24	38.529	33.305			71.834
TOTAL	161.575	1125.754	7.178	0.045	1294.552



Shauhan
 For Indus Speciality Health

Human Resources Manager