

TO,

Date: 31/5/2019

The Regional Office
U.P Pollution Control Board,
Delhi RD, Vikas Colony,
Buddhi Vihar, Moradabad

Sub: Submission Annual Returns every year for the period Apr-18 to Mar-19.

Dear Sir,

We are submitting the Annual Returns for the period of year ending Apr-18 to Mar-19,
We hope that you will find the above in order. Kindly acknowledge the receipt of same.

Thanking you,

For: Asian Vivekanand Super Speciality Hospital
Moradabad U.P



Authorized signatory



सिद्धि विहार
31-5-19
क्षेत्रीय कार्यालय
उ.प्र. प्रदूषण नियंत्रण बोर्ड
1-A/1.N.S.1 आवास विकास कालोनी
बुद्धि विहार, मुरादाबाद

**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)]

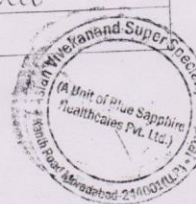
S.No.	Particulars	
1.	Particulars of the Occupier	: Asian Vivekanand Hosp
	(i) Name of the authorised person (occupier or operator of facility)	: Dr. Bharbi Chattopadhyay
	(ii) Name of HCF or CBMWTF	: Medicare Pvt. Hospital Asian Vivekanand Hospital
	(iii) Address for Correspondence	: Koth Road, Moradabad.
	(iv) Address of Facility	: Kanth Road, Moradabad UP
	(v) Tel. No, Fax. No	: 0591-2551100
	(vi) E-mail ID	: asian.vivekanand@aimsindia.
	(vii) URL of Website	
	(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.: 1765/BMW-10 Valid up to 31-12-19
(xi). Status of Consents under Water Act and Air Act	: Valid up to: Air - 01-01-2019 to 31-12-2019 Water - 01-01-2019 to 31-12-2019	
2.	Type of Health Care Facility	
(i) Bedded Hospital	No. of Beds:..... 100	
(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	NA	
	(ii) No of beds covered by CBMWTF	NA	
	(iii) Installed treatment and disposal capacity of CBMWTF:	98 Kg per day	
	(iv) Quantity of biomedical waste treated or disposed by CBMWTF	98 Kg per day	
4.	Quantity of waste generated or disposed in Kg per annum (on monthly average basis)	Yellow Category : 40 Red Category: 30 White: 5 Blue Category : 20 General Solid waste:	
5.	Details of the Storage, treatment, transportation, processing and Disposal Facility		
	(i) Details of the on-site storage facility disposal facilities	Size: 8" x 6"	
		Capacity : NA	
		Provision of on-site storage : (cold storage or any other provision)	
		Type of treatment equipment	
		No. of units	
		Capacity kg/day	
		Quantity treated or disposed in kg/ annum	
		Incinerators	NA
		Plasma Pyrolysis	NA
		Autoclaves	NA
		Microwave	NA
		Hydroclave	NA
		Shredder	NA
		Needle tip cutter or destroyer	NA
		Sharps encapsulation or	NA
		concrete pit	NA
		Deep burial pits:	NA



		Chemical disinfection: NA Any other treatment equipment: NA
	(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	1
	(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 520
	(vi) Name of the Common Bio- Medical Waste Treatment Facility Operator through which wastes are disposed of	Medicare
	(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	NO
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)	3 All Housekeeping staff 5 Yes -
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	Incinerator not in the unit NA



10	Liquid waste generated and treatment methods in place. How many times you have not met the standards in a year?	Through STP & ETP 0 times non compliance
11	Is the disinfection method or sterilization meeting the log 4 standards? How many times you have not met the standards in a year?	NA
12	Any other relevant information	(Air Pollution Control Devices attached with the Incinerator)

Certified that the above report is for the period from

July 2018 - May 2019

Name and Signature of the Head of the Institution



31-5-19

Date:

Place

Moradabad

31-5-19

FORM 4

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

FORM FOR FILING ANNUAL RETURNS

[To be submitted to State Pollution Control Board by 30th day of June of every year for the preceding period April to March]

1. Name and address of facility: Asian Vivekanand Hospital, Morada
2. Authorisation No. and Date of issue: UPWMP-FNP-HzW-CHW-TSDF-1749, 14
3. Name of the authorised person and full address with telephone, fax number and e-mail: Mr. Kamal Asian Vivekanand Hosp
4. Production during the year (product wise), wherever applicable NO

Part A. To be filled by hazardous waste generators

1. Total quantity of waste generated category wise
 1. E-waste - 62kg
 2. ETP sludge - 150kg
 3. Waste oil - 105kg
2. Quantity dispatched
 - (i) to disposal facility
 - (ii) to recycler or co-processors or pre-processor
 - (iii) others
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. Total quantity received - 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 incinerated (if applicable) - NA



सिद्ध - 31-5-19

क्षेत्रीय कार्यालय

उ.प्र. प्रदूषण नियंत्रण बोर्ड

1-A/1.N.S.1 आवास विकास कालोनी

बुद्धि विहार, मुरादाबाद

6. Quantity processed other than specified above - NA
7. Quantity in storage at the end of the year - NA

Part C. To be filled by recyclers or co-processors or other users

1. Quantity of waste received during the year - NA
(i) domestic sources
(ii) imported (if applicable)
2. Quantity in stock at the beginning of the year - NA
3. Quantity recycled or co-processed or used - NA
4. Quantity of products dispatched (wherever applicable) - NA
5. Quantity of waste generated - NA
6. Quantity of waste disposed - NA
7. Quantity re-exported (wherever applicable) - NA
8. Quantity in storage at the end of the year - NA



[Handwritten Signature]
Signature of the Occupier, or
Operator of the disposal facility

Date... 31-5-19

Place... Moradabad

31-5-19

FORM-3

[See rules 4(5), 5(5), 8(6), 9(4), 10(8), 11(9), 13 (1) (xi), 13(2)(v), 13(3)(vii) and 13(4)(v)]

FORM FOR FILING ANNUAL RETURNS

[To be submitted by producer or manufacturer or refurbisher or dismantler or recycler by 30th day of June following the financial year to which that return relates].

Quantity in Metric Tonnes (MT) and numbers

1	Name & Address of the Producer or Manufacturer or Refurbisher or Dismantler or Recycler	Arun Vikramand Hospital, Moradabad		
2	Name of the Authorised person and complete address with telephone and Fax number and e-mail address	Dr. Bhanu Chattopadhyay Arun Vikramand Hospital Arun Vikramand @ aims hospital		
3	Total quantity of E-waste collected or channelised to recyclers or dismantlers for processing during the year for each category of electrical and electronic equipment listed in the schedule I (Attach list) by producers			
Details of the above				
3(A)	BULK CONSUMERS: Quantity of e-waste	Type	QUANTITY	No.
3(B)	REFURBISHERS: Quantity of e-waste	CFL bulbs, halogen bulbs, tube lights, channel printer (control edge)	12 kg	12 Kg
3(C)	DISMANTLERS: i. Quantity of e-waste processed (code wise); ii. Details of materials or components recovered and sold; iii. Quantity of e-waste sent to recycler; iv. Residual quantity of e-waste sent to Treatment, Storage and Disposal Facility.	NA	NA	NA

31-5-19

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1-A/11.N.S1 आवास विकास कालोनी
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3 (D)	RECYCLERS: i. Quantity of e-waste processed (Code wise); ii. Details of materials recovered and sold in the market; iii. Details of residue sent to Treatment, Storage and Disposal Facility.	NA	NA	NA
4	Name and full address of the destination with respect to 3(A)-3(D) above	—		
5	Type and quantity of materials segregated or recovered from e waste of different codes as applicable to 3(A)-3(D)	Type —	QUANTITY —	

✓ Enclose the list of recyclers to whom e-waste have been sent for recycling.

Place Monaclabaal

Date 31-05-19

Signature of the Authorized person [Signature]

Note:-

- (1) * Strike off whichever is not applicable
- (2) Provide any other information as stipulated in the conditions to the authoriser
- (3) In case filing on behalf of multiple regional offices, Bulk Consumers and Producers need to add extra rows to 1 & 3(A) with respect to each office.

