



TO,

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

Sub: Compliance of the C.T.O Condition granted to us vide letter No.1741 W/A 159/Moradabad and 1741A /159/Moradabad Dated 8/6/17 for Asian Vivekanand Super Specialty Hospital Moradabad, UP

Dear Sir,

We are submitting state pollution control board Form no-4 & 3 for the period Jan.19 to Dec.19,

We hope that you will find the above in order. Kindly acknowledge the receipt of same.

Thanking you,

For: Asian Vivekanand Super Specialty Hospital, Moradabad (U.P 244001)

Authorized signator

27/6/20

Asian Vivekanand Super Speciality Hospital (A Unit of Blue Sapphire Healthcares Pvt. Ltd.), CIN: - U74999DL200PTC159674
Reg. Off.: 152, Mandakini Enclave, Alaknanda, New Deihi - 110019 Add.: Kanth Road, Moradabad - 244061 (Utfar Pradesh),
Tel.: +0591-2551100 Fax.: +0591-2450003 E-mail: asian.vivekanand@aimsindia.co.in Web: www.aimsindia.com

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)]

SI.	Particulars		
No.			
1	Particulars of the Occupier	:	Asien Vivakamond Sups Shillelets ness
	(i) Name of the authorized person (occupier	:	DY. BHARBI CHATTOPA DHYAY
Tall	or : operator of facility)		De Blinker cultificities
100	(ii) Name of HCF or CBMWTF	:	MEDICARE ENVIRONENTAL PV.T LT.C
	(iii) Address for Correspondence	:	KANTH ROAD MORADABAD - 244001
	(iv) Address of Facility	:	ASJAN VIVEKANAND HOSPITAL
	(v)Tel. No, Fax. No	:	0591-2551100
	(vi) E-mail ID	:	asiem - Vikikenend @ cimsindia - com
	(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 Authorization under the Bio- Medical	:	Authorisation No.: 25.5/V/B/mw-3
	Waste (Management and Handling) Rules		1-1-2020 Valid upto: 31-7-2023
	(xi). Status of Consents under Water Act and Air	:	Valid upto: > 2017 2019 +0 2023
•	Act	_	
2	Type of Health Care Facility	:	
	(i) Bedded Hospital	:	No. of Beds: 100/-
	(ii) Non-bedded hospital 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 of health care facilities covered by CBMWTF	:	A STATE OF THE STA
	(ii) No. of Beds covered by CBMWTF	:	
	(iii) Installed treatment and disposal capacity of CBMWTF;	:	<u>95</u> Kg / day
	(iv) Quantity of bio medical 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: 4 o
			Red Category: 3 o
			White: 5
			Blue Category: 20
			General Solid Waste: 25
5	Details of the Storage, Treatment, Transportat	ion, l	
	(i) Details of the on-site storage		Size: 8" x 6"

	facility (ii) Disposal facilities			Provision of on-site storage : (Cold storage or any other provision) Quantity			
	(",			Type of treatment equipment	No of Units	Capacity Kg/day	Treatedor disposed in kg per annum
				Incinerators			MA
				Plasma			MA
				Pyrolysis			
				Autoclaves			NA
1				Microwave			NA
				Hydroclave			MA
				Shredder			MA
				Needle tip cutter or destroyer	5	1	to
				Sharps			MD
	ŧ			Encapsulation or concrete pit			MA
				Deep burial pits			MA
				Chemical disinfection:			MA
				Any other treatment equipment:			MA
	(iii)	Quantity of recyclable wastes sold to authorized recyclers after	:	Red Category (tic, glass,	etc.)
	(iv)	No. of Vehicles used for collection and transportation of biomedical waste	: ,	0	1	10	
	(v)	Details of incineration ash and ETP sludge generated and			Quan	,	Where disposed
		disposed during the treatment of		Incineration			
		wastes in Kg per annum		Ash			
				ETP Sludge	95		
	(vi)	Name of the Common Bio- Medical Waste Treatment Facility Operator through which wastes are disposed of		MEDICARE ENVIRONMENTAL MONAUM P.V.T L'T.D.			MANAME
	(vii)	List of member HCF not handed over bio-medical waste.		MA			, ,
5	managen	nent committee? If yes, attach of the meetings held during the period		NO	•		

7	Details trainings conducted on BMW			
	(i) Number of trainings conducted on BMW Management	3		
	(ii) Number of personnel trained	Acul Missins STAH		
	(iii) Number of personnel trained at the time of induction			
	(iv) Number of personnel not undergone any training so far	5		
	(v) Whether standard manual for training is available?	Vish.		
8	Details of the accident occurred during the year	Yush.		
	(i) Number of Accidents occurred			
- 1	(ii) Number of 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?	MA		
11	Is the disinfection method or sterilization meeting the log 4 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	JAN-19 to DEC-19
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Name and Signature of the Head of the Institution

Date: 27/6/2020

Place: A Sich virakomand Hestitul merendubull - Innov

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. A sion vike konond prespital mosalebool
- 2. Authorisation No. and Date of issue: 255/V/BMW-3/MBD (01-1-20+0 31)7/20
- 3. Name of the authorised person and full address with telephone, fax number and e-mail: DY- BHARBI CHATTO ADHYAY ASTAM VIVERAMAND SUPER SYECIALITY HOSSITAL (asion-vinkemond Co.
- 4. Production during the year (product wise), wherever applicable

Part A. To be filled by hazardous waste generators

- 1. Total quantity of waste generated category wise
- 2. Quantity dispatched

I way : 60 ETY Slord = 95

- (i) to disposal facility
- to disposal facility to recycler or co-processors or pre-processor (ii)
- (iii)
- 3. Quantity utilised in-house, if any -
- 4. Quantity in storage at the end of the year MA

Part B. To be filled by Treatment, storage and disposal facility operators

- 1. Total quantity received -
- 2. Quantity in stock at the beginning of the year -
- 3. Quantity treated MA
- 4. Quantity disposed in landfills as such and after treatment -
- 5. Quantity incinerated (if applicable) -
- 6. Quantity processed other than specified above A
- 7. Quantity in storage at the end of the year -

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

- 1. Quantity of waste received during the year M
 - domestic sources
 - imported (if applicable)
- 2. Quantity in stock at the beginning of the year -

- 3. Quantity recycled or co-processed or used −

 A
- 4. Quantity of products dispatched (wherever applicable) PA
- 5. Quantity of waste generated -
- 6. Quantity of waste disposed -
- 7. Quantity re-exported (wherever applicable)-
- 8. Quantity in storage at the end of the year -

Date 27 /6/2020

Place Asiam rikeward sel she dety Hoslited

Signature of the Occupier or Operator of the disposal facility

Operator of the dis

FORM - 3

e-waste (Management & Handling) Rules, 2011

[See rules 4(9), 5(4), 7(7), 8(5) and 9(5)]

FORM FOR FILING ANNUAL RETURNS

[To be submitted by producer/collection centre/dismantler/recycler by 30th June following to the financial year to which that return relates]

Quantity in Metric Tonnes (MT) or Kilograms (Kg) per year

1	Name and address of the producer/collection centre/dismantler/recycler	ASICM VIVALICATION SULAR		
		Shi ality He	estitul	
2	Name of the authorized person and complete address with telephone and fax numbers and e-mail address	Asian viva Kand Mosfital Moses asian-viva Kenned & comminder con		
3	Total quantity e-waste sold/purchased/sent for processing during the year for each category of electrical and electronic equipment listed in the Schedule 1 (Attach list), (procured raw materials)	60 K.G	or go mysmoon co	
	Details of the above	Type	Quantity	
3(A)*	DISMANTLERS: Quantity of e-waste in MT processed and sent to (category wise):	Tubi disht. Prc, lulis for	60 4.00	
3(B)*	RECYCLERS: Quantity of e-waste in MT processed (category wise):	Printen Certify	4	
4	Name and full address of the destination with respect to 3 (A-B) above	3 k		
5	Type and quantity of materials segregated/recovered from e-waste of different categories as applicable to 3(A) & 3(B)	Type Salid	Quantity	
6	Quantity of waste residues generated (non recyclable) 1) handed over to TSDF 2) Stored at site	Туре	Quantity NA	

Note: The applicant shall provide details of funds received (if any) from producers and its utility with an audited certificate.

enclose the list of recyclers to whom e-waste have been sent for recycling.Strike off whichever is not applicable

Place Asian vika Konard Mestitul Mondobal

Date 27/6/2020

Signature of th