

Date: 24th June 2025

To,

Regional Officer,
U.P Pollution Control Board,
E-12/1, Sector-1,
Noida-201301

Sub: Submission of Form IV

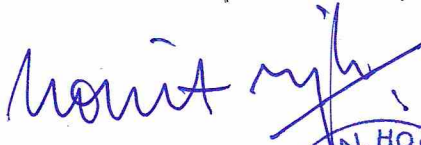
Respected Sir,

Please find attached herewith the **Form IV** (Annual Report of Bio-Medical Waste generation) in our hospital for 1st January 2024 to 31st December 2024

Thanking You,

Regards,


For **International Hospital Limited,**



Authorized Signatory

Encl.: As Above



Received

25/6/25

क्षेत्रीय कार्यालय
उ. प्र. प्रदूषण नियंत्रण बोर्ड
ई-12/1, सेक्टर-1, नोएडा

International Hospital Limited

CIN: U74999HR1994PLC048225

Registered Office : Fortis Memorial Research Institute, Sector-44, Gurgaon-122002 (India)
Tel: +91-124-438 6666, Fax: +91-124-496 2222

FORM IV
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	:
	(i) Name of the authorised person (occupier or operator of facility)	: Mohit Singh (Zonal Director)
	(ii) Name of HCF or CBMWTF	: International Hospital Limited
	(iii) Address for Correspondence	: B-22, Sector-62, Noida, U. P.-201301
	(iv) Address of Facility	: B-22, Sector-62, Noida, U. P.-201301
	(v) Tel. No, Fax. No	: 0120-4300222
	(vi) E-mail ID	: contactus.noida@fortishealthcare.com
	(vii) URL of Website	: http://www.fortishealthcare.com/
	(viii) GPS coordinates of HCF or CBMWTF	: 28.6185° N, 77.3726° E
	(ix) Ownership of HCF or CBMWTF	: Private (Public)
	(x) Status of Authorisation under the Bio-Medical Waste (Management and Handling) Rules	: Authorisation No.: <u>10589190</u> valid up to <u>31.12.2025</u> (Annexure-A)
	(xi) Status of Consents under Water Act and Air Act	: 111549/UPPCB/Noida(UPPCBRO)/CTO/air/NOIDA/2020 valid till 31-12-2025 111553/UPPCB/Noida(UPPCBRO)/CTO/water/NOIDA/2020 valid till 31-12-2025 (Annexure-B I, II)
2.	Type of Health Care Facility	: HCF
	(i) Bedded Hospital	: 250

Mohit Singh

S. No.	Particulars	
	(ii) Non-bedded hospital (Clinic or Blood Bank or Clinical Laboratory or Research Institute or Veterinary Hospital or any other)	: NA
	(iii) License number and its date of expiry	: License Number: 0914100108 (Annexure-C) License Date of Expiry: 30-06-2025
3.	Details of CBMWTF	: Environ Waste Connection LLP (Annexure-D)
	(i) Number healthcare facilities covered by CBMWTF	: CBMWTF will provide the details
	(ii) No. of beds covered by CBMWTF	: CBMWTF will provide the details
	(iii) Installed treatment and disposal capacity of CBMWTF:	: CBMWTF will provide the details
	(iv) Quantity of biomedical waste treated or disposed by CBMWTF	: CBMWTF will provide the details
4.	Quantity of waste generated or disposed in Kg per annum (on monthly average basis) (Annexure-E)	: Yellow Category: $34803.01+411.39=35214.46$ (2934.54) Red Category: 63903.31 (5325.28) White: 1789.01 (149.08) Blue Category: 18822.29 (1568.52) General Solid waste: ___
5.	Details of the Storage, treatment, transportation, processing and Disposal Facility	
	(i) Details of the on-site storage facility	Size: NA
	We have Contract with outside vendor for the same	Capacity: NA
		Provision of on-site storage : NA

Moumit

S. No.	Particulars				
	(ii) Disposal facilities	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 authorize recyclers after treatment in kg per annum.	Red Category (like plastic, glass etc.) CBMWTF will provide the details			
	(iv) No of vehicles used for collection and transportation of biomedical waste	CBMWTF will provide the details			
	(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			
		CBMWTF will provide the details			
	(vi) Name of the Common Bio-Medical Waste Treatment Facility Operator through which wastes are disposed of	Environ Waste Connection LLP			
	(vii) List of member HCF not handed over bio-medical waste	CBMWTF will provide the details			

Moumit Singh

S. No.	Particulars	
6.	Do you have bio-medical waste management committee? If yes, attach minutes of the meetings held during the reporting period	Yes (Annexure-F)
7.	Details trainings conducted on BMW	
	(i) Number of trainings conducted on BMW Management.	NURSING: - 121 GDA: - 25 HK: - 39 Total -185
	(ii) number of personnel trained	NURSING: - 1588 GDA: - 471 HK: - 2875 Total - 4934
	(iii) number of personnel trained at the time of induction	331 (HR induction training sheet available with HR trainer)
	(iv) number of personnel not undergone any training so far	NIL
	(v) whether standard manual for training is available?	Yes
	(vi) any other information)	NA
8.	Details of the accident occurred during the year	
	(i) Number of Accidents occurred	NIL (Form-I Attached (Annexure-G))
	(ii) Number of the persons affected	NIL
	(iii) Remedial Action taken (Please attach details if any)	Counselling & Training on Appropriate PPE & Waste Management and audit to monitor.
	(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 (CBMWTF Responsibility)

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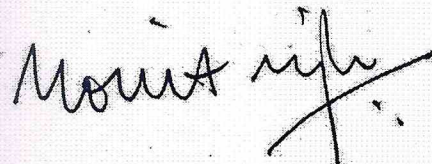
S. No.	Particulars	
	Details of Continuous online emission monitoring systems installed	NA (CBMWTF Responsibility)
10.	Liquid waste generated and treatment methods in place. How many times you have not met the standards in a year?	Yes Always compliant with the standards
11.	Is the disinfection method or sterilization meeting the log 4 standards? How many times you have not met the standards in a year?	Yes Always compliant with the standards
12.	Any other relevant information	NA (CBMWTF Responsibility)

Certified that the above report is for the period from 01.01.2024 up to 31.12.2024

Date: 23-06-2025

Name and Signature of the Head of the Institution

Place: Noida, Uttar Pradesh



Annexure-G

FORM - I

[(See rule 4(o), 5(i) and 15 (2))]

ACCIDENT REPORTING

1. Date and time of accident : FY 2024
2. Type of Accident : NIL
3. Sequence of events leading to accident : NA
4. Has the Authority been informed immediately : NA
5. The type of waste involved in accident : NA
6. Assessment of the effects of the accidents on human health and the environment : NA
7. Emergency measures taken : NA
8. Steps taken to alleviate the effects of accidents : NA
9. Steps taken to prevent the recurrence of such an accident : NA
10. Does your facility have an Emergency Control policy? If yes give details : NA

Date: 23-06-2025

Place: Noida

Signature Mohit Singh

Designation Zonal Director

