Fortis
FLT. LT. RAJAN DHALL
HOSPITAL
Vasant Kunj

Fortis Flt. Lt. Rajan Dhall Hospital
Sector B, Pocket 1,
Aruna Asaf Ali Marg, Vasant Kunj,
New Delhi - 110 070.
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E-mail : enquiries@fortishealthcare.com
Website : www.fortishealthcare.com

Dated: -2nd June-2026

To,

The Environmental Engineer,
BMW Cell
Delhi Pollution Control Committee,
Department of Environment
(Govt. of NCT of Delhi),
3rd Floor, Block-1, DMRC IT Park Shastri Park,
Delhi-110053

**Sub: - Submission of BMW Annual Report Jan-2025 to Dec-2025**

Dear Sir,

Please find the attached BMW Annual Report of 2025.

This is for your information & records.

The details of attached documents are as below.

1- Form-IV (Annual Reports)
2- Copy of Agreement of M/s Biotic Waste Solution Pvt. Ltd.
3- Attached Form-1, (Accident Nil Reports).

Thanks & Regards

Dr. Dheeraj P. Arya

Medical Superintendent

FORTIS FLT. LT. RAJAN DHALL HOSPITAL NEW DELHI

Sumanjit
03/06/26
ENQUIRY COUNTER
DELHI POLLUTION CONTROL COMMITTEE
DEPARTMENT OF ENVIRONMENT
GOVT OF NCT OF DELHI
3RD FLOOR DMRC BUILDING
IT PARK SHASTRI PARK DELHI-110053

## 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 | : | Flt. Lt. Rajan Dhall Charitable Trust |
| | (i) Name of the authorised person (occupier or operator of facility) | : | Dr. Dheeraj Prakash Arya (MS) |
| | (ii) Name of HCF or CBMWTF | : | Flt. Lt. Rajan Dhall Charitable Trust |
| | (iii) Address for Correspondence | : | Sector B, Pocket 1, Aruna Asaf Ali Marg Vasant Kunj, New Delhi -110070 |
| | (iv) Address of Facility | : | Sector B, Pocket 1, Aruna Asaf Ali Marg Vasant Kunj, New Delhi -110070 |
| | (v) Tel. No, Fax. No | : | 011-42776221, 011-42776222 |
| | (vi) E-mail ID | : | dheeraj.arya@fortishealthcare.com |
| | (vii) URL of Website | : | http://www.fortishealthcare.com |
| | (viii) GPS coordinates of HCF or CBMWTF | : | GPS is enabled in CBMWTF's Vehicle |
| | (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.: DPCC/ (11) (5) (01) 2023 BMW/NST AUTH/325110449x valid up to 13/10/2023 to 13/12/2027 |
| | (xi) Status of Consents under Water Act and Air Act | : | Valid up to 09th Aug 2023 to 08 Aug-2028 |
| 2. | Type of Health Care Facility | : | |
| | (i) Bedded Hospital | : | 162 No. of beds (*Interpretation – Census or Registered Beds) |

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| S.No | Particulars | | |
|---|---|---|---|
| | (ii) Non-bedded hospital (Clinic or Blood Bank or Clinical Laboratory or Research Institute or Veterinary Hospital or any other) | : | N/A |
| | (iii) License number and its date of expiry | : | DHS/NH/791/31-Mar-2026<br>The unit have already applied for renewal for the same as per guideline<br>Application submission date 28-Jan-2026 |
| 3. | Details of CBMWTF | : | Biotic Waste Solution Pvt. Ltd. |
| | (i) Number healthcare facilities covered by CBMWTF | : | N/A |
| | (ii) No. of beds covered by CBMWTF | : | N/A |
| | (iii) Installed treatment and disposal capacity of CBMWTF: | : | N/A |
| | (iv) Quantity of biomedical waste treated or disposed by CBMWTF | : | N/A |
| 4. | Quantity of waste generated or disposed in Kg per annum (on monthly average basis)<br>(*Interpretation – Month wise and Total Annual Quantity) | : | Yellow Category: ---4000--- kg Month<br>Red Category: --6000----- kg/Month<br>White ----550--- kg/Month<br>Blue Category: --1650---- kg/Month<br>General Solid waste: 8500------ kg/Month |
| 5. | Details of the Storage, treatment, transportation, processing and Disposal Facility<br>*Interpretation – Only Point No. (vi) is to be filled by the (Hospital) Occupier (if waste is being handed over to the operator of common Bio-medical Waste treatment facility) & rest of the points are for the operator of common Bio-medical Waste treatment facility. | | |
| | (i) Details of the on-site storage facility | | Size:<br>Capacity:<br>Provision of on-site storage: (cold storage or any other provision) |

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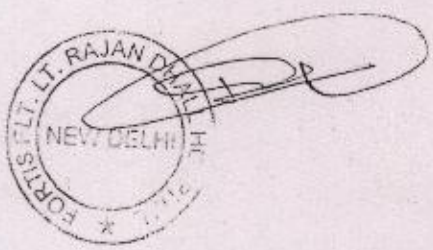
| S.No | Particulars | |
|---|---|---|
| | (ii) Disposal facilities | Type of treatment equipment / No. of units / Capacity Kg/day / Quantity treated or disposed in kg per annum<br>Incinerators<br>Plasma Pyrolysis<br>Autoclaves<br>Microwave<br>Hydroclave<br>Shredder<br>Needle tip cutter or destroyer<br>Sharps encapsulation or concrete pit<br>Deep burial pits:<br>Chemical disinfection:<br>Any other treatment equipment: |
| | (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 | N/A |
| | (v) Details of incineration ash and ETP sludge generated and disposed during the treatment of wastes in Kg per annum | Incineration Ash: Quantity generated NA; Where disposed<br>ETP Sludge: -----359--- Kg; CBMWTF |
| | (vi) Name of the Common Bio-Medical Waste Treatment Facility Operator through which wastes are disposed of | Biotic Waste Solution Pvt. Ltd. |
| | (vii) List of members HCF not handed over bio-medical waste | N/A |



| 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<br>Minutes Attached for the meeting held dated<br>**30-June-25 & 23-Dec-25** |
| 7. | Details trainings conducted on BMW | |
| | (i) Number of trainings conducted on BMW Management. | 1350- Training Session |
| | (ii) number of personnel trained | 675-Attendees |
| | (iii) number of personnel trained at the time of induction | ------ |
| | (iv) number of personnel not undergone any training so far | Nil |
| | (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 | Nil |
| | (ii) Number of the persons affected | N/A |
| | (iii) Remedial Action taken (Please attach details if any) | N/A |
| | (iv) Any Fatality occurred, details | N/A |
| 9. | Are you meeting the standards of air Pollution from the incinerator? How many times in last year could not met the standards? | N/A |
| | Details of Continuous online emission monitoring systems installed | N/A |

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| S.No. | Particulars | |
|---|---|---|
| 10. | Liquid waste generated and treatment methods in place. How many times you have not met the standards in a year? | STP in Place<br>**Standard met all the time.** |
| 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 **1st Jan 2025 to 31st Dec 2025**

Date: 02.6.2026

Place: New Delhi

Signature of the Head of the Institution