

FEHJ/ADMIN/2026/D.50

Dated: 22.05.2026

The Member Secretary (RSPCB),
Rajasthan State Pollution Control Board,
4, Institutional Area, Jhalana Doongri, Jaipur.

**Subject: Submission of the Annual Report in Form IV on Bio-medical Waste
Generation for the period 1st January, 2025 to 31st December, 2025.**


Dear Sir,

As per above subject, please find attached Annual Report in Form IV on Bio-medical Waste Generation of Fortis Escorts Hospital, 214, JLN Marg, Malviya Nagar, Jaipur (A Unit of Escorts Heart and Super Speciality Hospital Limited) for the period 1st January, 2025 to 31st December, 2025.

Please acknowledge the receipt of the same.

Thanking You.

For Escorts Heart & Super Speciality Hospital Ltd.



Dr. Manish Kumar Agarwal (Facility Director)
Authorised Signatory

CC: The Regional Officer-Regional Office-Jaipur (South), Rajasthan State Pollution Control Board, 08/263, Housing Board, Malviya Nagar, Jaipur-302017.

Escorts Heart and Super Speciality Hospital Limited

CIN: U85110DL2003PLC120016

Registered Office: Escorts Heart Institute and Research Centre, Okhla Road, New Delhi - 110025 (India)

Tel: +91-11-2682 5000, Fax: +91-11-4162 8435

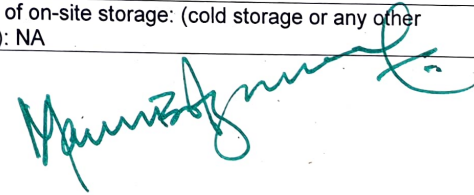
Form – IV
(See rule 13)
ANNUAL REPORT

[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) | : | Dr. Manish Kumar Agarwal |
| | (ii) Name of HCF | : | Escorts Heart and Super Speciality Hospital Limited |
| | (iii) Address for Correspondence | : | 214, JLN Marg, Malviya Nagar, Jaipur-302017 |
| | (iv) Address of Facility | : | 214, JLN Marg, Malviya Nagar, Jaipur-302017 |
| | (v) Tel. No, Fax. No | : | 0141-2547000; 0141-2547002 |
| | (vi) E-mail ID | : | Sanju.Balwada@fortishealthcare.com |
| | (vii) URL of Website | : | www.fortishealthcare.com |
| | (viii) GPS coordinates of HCF | : | NA |
| | (ix) Ownership of HCF | : | Private |
| | (x) Status of Authorisation under the Bio-Medical Waste (Management and Handling) Rules | : | F(BMW)/JAIPUR(Jaipur(VKIA))/7463(1)/2023-2024/1031-1033; valid upto 28/02/2029. |
| | (xi) Status of Consents under Water Act and Air Act | : | F(BMW)/JAIPUR(Jaipur(VKIA))/7463(1)/2023-2024/1029-1030; valid up to 28/02/2029. |

Manish Kumar Agarwal

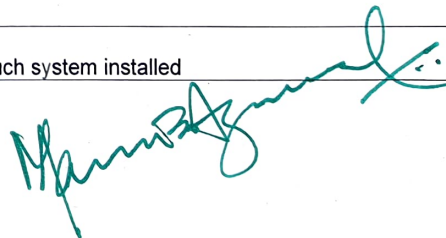
| | | | | |
|---|---|---|----|--|
| 2 | Type of Health Care Facility | | : | |
| | (i) Bedded Hospital | : | | No. of Beds: 275 |
| | (ii) Non-bedded hospital | : | | |
| | (Clinic or Blood Bank or Clinical Laboratory or Research Institute or Veterinary Hospital or any other) | | : | |
| | (iii) License number and its date of expiry | : | | F(BMW)/JAIPUR(Jaipur(VKIA))/7463(1)/2023-2024/1029-1030; valid up to 28/02/2029. |
| 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: | : | | NA |
| | (iv) Quantity of biomedical waste treated or disposed by CBMWTF | : | | NA |
| 4 | Quantity of waste generated or disposed in Kg per annum (on monthly average basis) | | : | Yellow Category: 2146.39 |
| | | | : | Yellow Cytotoxic: 205.01 |
| | | | : | Red Category: 2602.93 |
| | | | : | White: 77.54 |
| | | | : | Blue Category : 964.34 |
| | | | : | General Solid waste: NA |
| 5 | Details of the Storage, treatment, transportation, processing and Disposal Facility | | | |
| | (i) Details of the on-site storage facility | Size: | NA | |
| | | Capacity : | NA | |
| | | Provision of on-site storage: (cold storage or any other provision): NA | | |



| | | | | |
|--|---|--------------------|-----------------|--|
| (ii) Details of the treatment or disposal facilities | Type of treatment equipment | No. of units | Capacity Kg/day | Quantity Treated or disposed in kg per annum |
| | Incinerators | NA | NA | NA |
| | 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 authorized recyclers after treatment in kg per annum. | Red Category (like plastic, glass etc.) - NA | | | |
| (iv) No of vehicles used for collection and transportation of biomedical waste | Only authorised vehicle is used for BMW. List of authorised vehicles is attached herewith. | | | |
| (v) Details of incineration ash and ETP sludge generated and disposed during the treatment of wastes in Kg per annum | Incineration Ash ETP Sludge | Quantity generated | Where disposed | |
| | | NA | NA | |

Handwritten signature in green ink

| | | |
|---|---|--|
| | (vi) Name of the Common Bio-Medical Waste Treatment Facility Operator through which wastes are disposed of | Instromedix Waste Management Private Limited |
| | (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, Minutes of the Meeting are attached herewith. |
| 7 | Details trainings conducted on BMW | |
| | (i) Number of trainings conducted on BMW Management. | 107 |
| | (ii) Number of personnel trained | 981 |
| | (iii) Number of personnel trained at the time of induction | 230 |
| | (iv) Number of personnel not undergone any training so far | 30 |
| | (v) Whether standard manual for training is available? | Yes |
| | (vi) any other information) | |
| 8 | Details of the accident occurred during the year | (NIL report in Form 1 is attached herewith) |
| | (i) Number of Accidents occurred | No |
| | (ii) Number of the persons affected | No |
| | (iii) Remedial Action taken (Please attach details if any) | No |
| | (iv) Any Fatality occurred, details. | No |
| 9 | Are you meeting the standards of air Pollution from the incinerator? How many times in last year could not met the standards? | NA |
| | Details of Continuous online emission monitoring systems installed | No such system installed |



| (ii)Details of the treatment or 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 authorized recyclers after treatment in kg per annum. | : Red Category (like plastic, glass etc.) - NA | | | |
| (iv) No of vehicles used for collection and transportation of biomedical waste | : Only authorised vehicle is used for BMW. List of authorised vehicles is attached herewith. | | | |
| (v) Details of incineration ash and ETP sludge generated and disposed during the treatment of wastes in Kg per annum | Incineration Ash ETP Sludge | Quantity generated | Where disposed | |
| | | NA | NA | |

Harish Kumar

| | | |
|----|---|-----|
| 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 standards? How many times you have not met the standards in a year? | Yes |
| 12 | Any other relevant information | No |

Certified that the above report is for the period from 01.01.2025 to 31.12.2025.



Date: 22.05.26

Place: Jaipur

Manish Kumar Agarwal
 Dr. Manish Kumar Agarwal (Facility Director)
 Name & Signature of the Head of the Institution

Date a
 Type
 Sequ
 Has
 The
 . Ass
 en
 7. E
 3. S
 9. S
 10.

FORM – I

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

ACCIDENT REPORTING

Nil Report

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



Date: 22.05.2026

Place: Jaipur


Dr. Manish Kumar Agarwal
FACILITY DIRECTOR