**Hiranandani Healthcare Pvt. Ltd.**
Mini Sea Shore Road, Sector 10-A, Vashi, Navi Mumbai - 400703.
Board Line: 022 - 39199222 I Fax: 022 - 39133220
Emergency: 022 - 39199100 I Ambulance: 1255
For Appointment: 022 - 39199200 I Health Checkup: 022 - 39199300
www.fortishealthcare.com I vashi@fortishealthcare.com
CIN: U85100MH2005PTC 154823
GST IN : 27AABCH5894D1ZG
PAN NO : AABCH5894D

Hiranandani HOSPITAL (A Fortis Network Hospital)

# 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)]

| Sr No | Particulars | | | |
|---|---|---|---|---|
| 1 | Particulars of the Occupier | : | | |
| | (i) Name of the authorised person (occupier or operator of facility) | : | Dr. Ashutosh Pandey | |
| | (ii) Name of HCF or CBMWTF | : | Hiranandani Healthcare Pvt. Ltd. | |
| | (iii) Address for Correspondence | : | Plot No. 28, Mini Sea Shore Road, Sector - 10A, Vashi Navi Mumbai - 400703 | |
| | (iv) Address of Facility | : | Same As Above | |
| | (v)Tel. No, Fax. No | : | 022-39199222 / 022-39199220 | |
| | (vi) E-mail ID | : | director.vashi@fortishealthcare.com | |
| | (vii) URL of Website | : | www.fortishealthcare.com | |
| | (viii) GPS coordinates of HCF or CBMWTF | : | | |
| | (ix) Ownership of HCF or CBMWTF | : | Private | |
| | (x). Status of Authorisation under the Bio-Medical Waste (Management and Handling) Rules | : | Authorisation No.: Format 1.0//UAN No. 0000238538/CO/2507001396<br>Valid up to: 30/04/2030 | |
| | (xi). Status of Consents under Water Act AND Air Act | : | Valid up to: 30/04/2030 | |
| 2 | Type of Health Care Facility | : | | |
| | (i) Bedded Hospital | : | No. of Beds: 150 | |
| | (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 | : | Nursing Home Registration No. 163 | |
| 3 | Details of CBMWTF | : | | |
| | (i) Number healthcare facilities covered by CBMWTF | : | | |
| | (ii) No of beds covered by CBMWTF | : | | |
| | (iii) Installed treatment and disposal capacity of CBMWTF | : | | |
| | (iv) Quantity of biomedical waste treated or disposed by CBMWTF | : | | |
| 4 | Quantity of waste generated or disposed in Kg per annum (on monthly average basis) | : | Yellow Category : | 17071.708 |
| | | | Yellow Cytotoxic Category: | 70.39kg |
| | | | Red Category : | 305305.96 |
| | | | | |
| | | | White: | 1058.292k |

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| | | | | | |
|---|---|---|---|---|---|
| | | | Blue Category : | | 7221.509k |
| | | | General Solid waste: | | 85343kg |
| 5 | Details of the Storage, treatment, transportation, processing and Disposal Facility | | | | |
| | (i) Details of the on-site storage facility | : | Size : | | 158 Sq.Ft |
| | | | Capacity : | | |
| | | | Provision of on-site storage : (cold storage or any other provision) | | |
| | (ii) Details of the treatment or disposal facilities | : | Type of treatment equipment | No of units Capacity Kg/day | Quantity treated or disposed i Kg per an |
| | | | Incinerators | 6MT | |
| | | | Plasma Pyrolysis | NA | |
| | | | Autoclaves | 600/Batch | |
| | | | Microwave | NA | |
| | | | Hydroclave | NA | |
| | | | Shredder | 100 Kg/Hr | NA |
| | | | Needle tip cutter or destroyer | NA | |
| | | | Sharps encapsulation or 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.): | | NA |
| | (iv) No of vehicles used for collection and transportation of biomedical waste | : | NA | | |
| | (v) Details of incineration ash and ETP sludge generated and disposed during the treatment of wastes in Kg per annum | : | NA | Quantity generated | Where disposed |
| | | | Incineration Ash ETO Sludge | NA | NA |
| | (vi) Name of the Common Bio-Medical Waste Treatment Facility Operator through which wastes are disposed of | : | **Re Sustainability 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 (Part of HIC meeting) | | |
| 7 | Details trainings conducted on BMW | | | | |

**Hiranandani Healthcare Pvt. Ltd.**
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| | | | |
|---|---|---|---|
| | (i) Number of trainings conducted on BMW Management. | : | 30 |
| | (ii) number of personnel trained | : | 724 |
| | (iii) number of personnel trained at the time of induction | : | 91 |
| | (iv) number of personnel not undergone any training so far | : | Nil |
| | (v) Whether standard manual for training is available? | : | Yes |
| | (vi) any other information | : | Nil |
| 8 | Details of the accident occurred during the year | | |
| | (i) Number of Accidents occurred | : | Nil |
| | (ii) Number of the persons affected | : | Nil |
| | (iii) Remedial Action taken (Please attach details if any) | : | Nil |
| | (iv) Any Fatality occurred, details. | : | Nil |
| 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 | | NA |
| 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? | : | NA |
| 12 | Any other relevant information | : | (Air Pollution Control Devices attached with the Incinerator) |

Certified that the above report is for the period from January 2025 to December 2025.

Hiranandani Healthcare Pvt. Ltd. Navi Mumbai

Dr. Ashutosh Pandey
Facility Director
Hiranandani Healthcare Pvt. Ltd.

Date: 3rd June 2026
Place: Vashi