





To,

Date:17-07-2025

Regional Officer (City)
Rajasthan Pollution Control Board

Subject: - Regarding Biomedical Waste Yearly Report Submission

Respected Sir/Madam,

We have attached form 4 & yearly biomedical waste generation report along with this cover letter for the year 2023. Requesting you to accept and provide receiving on the same.

Authorized Signatory

¹ Mr. Ankit Pareek (Chief Administrative Officer)



SHALBY HOSPITAL

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CIN: L85110GJ2004PLC044667

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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.	Particulars		
No.		1	
1.	Particulars of the Occupier .	:	
	(i) Name of the authorised person (occupier or operator of facility)	:	Mr. Amkit Pareck
	(ii) Name of HCF or CBMWTF	:	Shally hospitals
	(iii) Address for Correspondence	:	Sec-3, Chitrakoot, vaishali Nagar
	(iv) Address of Facility		Jajent
	(v)Tel. No, Fax. No	:	A 1
	(vi) E-mail ID	:	Cao. Jaipur, @ Shalby.009
	(vii) URL of Website	¥.	www. shalby.org
	(viii) GPS coordinates of HCF or CBMWTF		
	(ix) Ownership of HCF or CBMWTF	:	(State Government or Private or
			Semi Govt. or any other) HCF (Sivat)
. 19	(x). Status of Authorisation under the Bio-Medical	: /	A HIHOHSALIOH . IVV. I
	Waste (Management and Handling) Rules		BMW/2022-2023/BMW/3
			valid up to
	(xi). Status of Consents under Water Act and Air	:	Valid up to: 01/05/2022 to 30/04/2027
	Act		A
2.	Type of Health Care Facility	:	No. of Beds: 240
	(i) Bedded Hospital	:	No. of Beds: 240
	(ii) Non-bedded hospital	: ,	1 2
	Clinical Laboratory or		
	(Clinic or Blood Bank or Clinical Laboratory or		
	Research Institute or Veterinary Hospital or any		
	other) (iii) License number and its date of expiry	-	-(DML) Tribur (Joibur) /124(1) /zor
	Details of CBMWTF	1:	F(RMW)/Jaikur (Jaikur)/124(1)/201
3.			-2018/
	(i) Number healthcare facilities covered by CBMWTF		2253-225
	(ii) No of beds covered by CBMWTF	:	
	(iii) Installed treatment and disposal capacity of CBMWTF:	:	Kg per day
1	CBITTITI	-	

	(iv) Quantity of biomedical waste treat by CBMWTF	ed or	disposed	:	K	g/day		
4.	Quantity of waste generated or disposed in Kg per :				Yellow Category : 785			
"	annum (on monthly average basis)				Red Cate			
	7				White:	-		
	· .				Blue Cat	egory:		-
					General	-	aste:	
5								
	(i) Details of the on-site storage	1:	Size		6 X 10			
	facility		Capacit			^		
					150 K	torage	· (col	d storage or
			any oth			iorage	. (001	d storage of
	CD D : I C the treatment on					No	Con	Overtity
	(ii) Details of the treatment or	:	1		atment	No of	Cap acit	Quantity treatedo
-	disposal facilities		equip	ment		unit		
			100				у <i>V a/</i>	r disposed
						S	Kg/ day	disposed in kg
							uay	_
								per annum
		, ·	In aim	•				amum
			Incinerators Plasma Pyrolysis Autoclaves Microwave			-	_	
				oclave				_
		25	Shree		•			
					cutter or		,	
			destro	-	oution of		-	
			Sharp	•		-		_
		1 1		sulatio	on or			
			concr		_		_	
				burial	i .			
	ь .		Chemical					
	· · · · · · · · · · · · · · · · · · ·			ection	•		-	
					reatment			_
				ment:				
	(iii) Quantity of recyclable wastes	:			(like plast	ic, glass	s etc.)	
	sold to authorized recyclers after		Red Category (like plastic, glass etc.)					
	treatment in kg per annum.	in p	$V_i V$,
	(iv) No of vehicles used for collection	:	,,,					
ź	and transportation of biomedical							
	waste	-						
	(v) Details of incineration ash and	,			Quant	ity	Wh	ere
	ETP sludge generated and disposed				genera		disp	osed
	Dir stude generated and disposed				3		г	

	during the treatment of wastes in Kg per annum		Incineration N 1 Ash N 1 ETP Sludge
	(vi) Name of the Common Bio- Medical Waste Treatment Facility	:	Instromedix Monagement
	Operator through which wastes are disposed of		Put. Ltd.
	(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	1	yes.
7	Details trainings conducted on BMW		36
	(i) Number of trainings conducted on BMW Management.		5
1	(ii) number of personnel trained		95
	(iii) number of personnel trained at the time of induction	V.	24
	(iv) number of personnel not undergone any training so far		0
	(v) whether standard manual for training is available?	*	yu,
	(vi) any other information)		
8	Details of the accident occurred during the year		
1	(i) Number of Accidents occurred	1	NA
	(ii) Number of the persons affected		NA
	(iii) Remedial Action taken (Please	-	A/A
	attach details if any)		(V ()
, i	(iv) Any Fatality occurred, details.		
9.	Are you meeting the standards of air	8	N+1
	Pollution from the incinerator? How		•
	many times in last year could not met		
,	the standards? Details of Continuous online emission		4.0
	monitoring systems installed		NA
10	Liquid waste generated and treatment		al: What hardi
.	methods in place. How many times		10 / Sodium Py Pocciosion
	you have not met the standards in a year?		10% Sodium My bochords Solution
11	Is the disinfection method or sterilization meeting the log 4		_

standards? How many times you have not met the standards in a year?		WA
12 Any other relevant information .	:	(Air Pollution Control Devices attached with the Incinerator)

Certif	ied that the above report is for the period	from 31/12/2023
	, , , , , , , , , , , , , , , , , , , ,	Name and Signature of the Head of the Institution
Date: Place	16/7/25 Jaikus	Auku

Bio-Medical Waste Collection Report 2023								
Sr. No.	Month	Red	Yellow	Blue	White			
1	Jan-23	570	890	334	25			
2	Feb-23	531	881	356	28			
3	Mar-23	522	765	456	28			
4	Apr-23	498	675	354	30			
5	May-23	478	955	390	31			
6	Jun-23	489	918	432	27			
7	Jul-23	541	876	478	27			
	Aug-23	532	756	444	26			
8	Sep-23	512	743	487	21			
	Oct-23	463	845	476	34			
10	Nov-23	476	877	376	33			
11	Dec-23	490	854	432	25			
12	Total=	6116	10035	5015	335			