

दिनांक: 19/06/2023

प्रति,

क्षेत्रीय कार्यालय

मध्य प्रदेश प्रदूषण नियंत्रण बोर्ड,

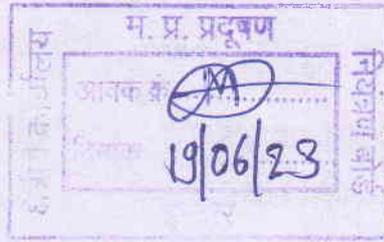
स्कीम नं. 78/सी पार्ट-2, अरण्य नगर, विजय नगर इंदौर- 452010 (म.प्र.)

विषय: प्रतिउत्तर क्र. 793/प्र. निब बो/एच डब्ल्यू एम आर/2023, दिनांक: 06/03/2023. , संदर्भ में जीव चिकित्सा अपशिष्ट प्रबंधन नियम 2016 के अंतर्गत वार्षिक pratedan करने बावत।

उपरोक्त विषय के बारे में लेख है कि उक्त नियमों के उपनियम 13 के प्रावधान के अनुस्कार हमारे अस्पताल का जीव चिकित्सा अपशिष्ट का वार्षिक pratedan (लाइसेंस सं. AWB- 111996, PCB ID: 111901) का फॉर्म 4 ऑनलाइन माध्यम से दिनांक: 17/06/23 को भर दिया गया है। जिसकी प्रति लिपि संलग्न है।  
अतः इस वार्षिक फॉर्म 4 वीए ऑनलाइन की प्रतिलिपि इस अवेदन के मात प्रस्तुति कर रहा हूँ, इसकी पावती देने की कृपा करें।

दस्तावेज संलग्नतः

1. Notification copy क्र. 793/प्र. निब बो/एच डब्ल्यू एम आर/2023, दिनांक: 06/03/2023
2. ऑनलाइन वापसी की प्रति
3. फॉर्म-4 की प्रति
4. फॉर्म-10 की प्रति
5. ट्रेनिंग शीट की प्रति
6. Incident की रिपोर्ट की प्रति
7. कौमेटी रिपोर्ट की प्रति



**Shalby Multi-Specialty Hospitals - Indore**

Part 586, R.S. Bhandari Marg, Janjeerwala Square,  
Indore-452 003, M.P., India. Tel: 0731 6677777 | Email: info.indore@shalby.org

**Shalby Limited**

Regd. Office: Opp. Karnavati Club, S.G. Road, Ahmedabad - 380 015, Gujarat, India.  
Tel: 079 40203000 | Email: info.sg@shalby.org | Web: www.shalby.org | CIN: L85110GJ2004PLC044667

Ahmedabad | Surat | Vapi | Jaipur | Indore | Jabalpur | Mohali | Mumbai

## Annual Returns form for Health Care Facilities / Common Bio-medical Waste Treatment and Disposal Facility (CBWTF)

Health Care Facility / CBWTF Name : Shalby Hospital Indore

PCB ID : 111901

1	Year	2022
2	Type of Health Care Facility	Bedded Hospital Private
3	Number of Beds	190
4	License Number and Date of Expiry of License	AWB-111996 28/02/2026
5	Do you have Captive Treatment Facility ?	<input type="radio"/> Yes <input checked="" type="radio"/> No

### Quantity of Waste Generated or Disposed in Kg per annum (on monthly average basis)

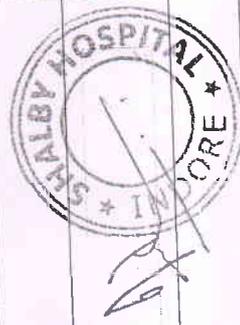
6	Yellow Category	801.83
7	Red Category	569.04
8	White Category	27.73
9	Blue Category	168.23
10	General Solid Waste	3502.16

### Details of the Storage, Treatment, Transportation, Processing and Disposal Facility

11	Details of the on-site storage facility	All color codes segregating & sorting in our BMW area at Ground floor, then it handed over to our authorized BMW
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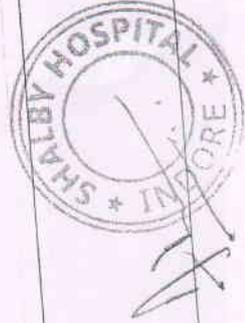


12	Treatment Facility	AUC,ACT,CLE,DBN
13	Quantity of Recyclable Waste sold to Authorized Recyclers after Treatment ( in kg / Year )	0
14	Number of Vehicles used for Collection and Transportation of Biomedical Waste	01
15	Details of Incineration Ash and ETP Sludge generated and disposed during the Treatment of waste (in Kg / Year )	0
16	Name of the Common Bio-Medical Waste Treatment Facility Operator through which waste are disposed of	Hoswin Incinerator Pvt. ltd
17	Do you have bio-medical waste management committee ? If yes, minutes of the meetings held during the reporting period	Quarterly MOM <input checked="" type="radio"/> Yes <input type="radio"/> No
<b>Details of Trainings conducted on Bio Medical Waste Management</b>		
18	Number of Trainings conducted on BMW Management	31
19	Number of Personnel Trained	347
20	Number of Personnel Trained at the time of Induction	
21	Number of Personnel not undergone any Training so far	0
22	Whether standard manual for Training is available ?	<input checked="" type="radio"/> Yes <input type="radio"/> No
23	Any other information	Not applicable



Details of the accident occurred during the year

24	Number of Accident occurred	19
25	Number of the persons affected	19
26	Remedial Action taken ( details if any )	Yes No
27	Any Fatality Occurred , details	<input checked="" type="radio"/> Yes <input type="radio"/> No
28	Are you meeting the standards of air Pollution from the incinerator ? How many times in last year could not met the standards?	Not applicable
29	Details of Continuous Online Emission Monitoring systems installed	0
30	Liquid waste generated and treatment methods in place . How many times you have not met the standards in a year	<input checked="" type="radio"/> Yes <input type="radio"/> No
31	Is the disinfection method or sterilization meeting the log 4 standards ? How many times you have not met the standards in a year ?	Not applicable
32	Any other relevant information	Update



## BMW & General waste record year 2022

Month	Yellow	Red	Blue	White	Black
Jan-22	870.81	520	161	30	3200
Feb-22	787.9	489	97	27	3100
Mar-22	796.3	503	102	34	3350
Apr-22	1026.9	646.7	218.1	25	3571
May-22	933.5	541.2	233.3	47	4297
Jun-22	673.8	392.5	214.2	33.6	3417
Jul-22	996	661	187	31	3284
Aug-22	567.85	569	181	23	3497
Sep-22	742.96	609.95	145.5	20	3950
Oct-22	719.18	580.7	137.3	18	3493
Nov-22	717.2	621.2	143.3	19.2	3395
Dec-22	789.6	694.3	199.1	25	3472
<b>Total yearly waste</b>	<b>9622</b>	<b>6828.55</b>	<b>2018.8</b>	<b>332.8</b>	<b>42026</b>
<b>Total monthly waste</b>	<b>801.833333</b>	<b>569.045833</b>	<b>168.233333</b>	<b>27.7333333</b>	<b>3502.16667</b>


  
 SHALBY HOSPITAL  
 INDORE

FORM 4

[See rules 6(5), 13(8), 16(6) and 20(2)]

FORM FOR FILING ANNUAL RETURNS

[To be submitted to State Pollution Control Board by 30<sup>th</sup> day of June of every year for the preceding period April to March]

1. Name and address of facility: SHALBY HOSPITAL, part 5 & 6, R.S. Bhandara, Madhya Pradesh, Near Jangirwala Sgr., Indore - 452003.
2. Authorisation No. and Date of issue: AWB-111996, 28/02/2026 (Issue date: 22/04/2026)
3. Name of the authorised person and full address with telephone, fax number and e-mail: MR. ANKUR KHARE, SHALBY HOSPITAL INDORE, 9522201601
4. Production during the year (product wise), wherever applicable 2022

Part A. To be filled by hazardous waste generators

1. Total quantity of waste generated category wise: Spent oil, Cat. 5.1, Qty.: 0.070 MT
2. Quantity dispatched
  - (i) to disposal facility -
  - (ii) to recycler or co-processors or pre-processor -
  - (iii) others -
3. Quantity utilised In-house, if any -
4. Quantity in storage at the end of the year -

Part B. To be filled by Treatment, storage and disposal facility operators

1. Total quantity received -
2. Quantity in stock at the beginning of the year -
3. Quantity treated -
4. Quantity disposed in landfills as such and after treatment -
5. Quantity incinerated (if applicable) -
6. Quantity processed other than specified above -
7. Quantity in storage at the end of the year -

Part C. To be filled by recyclers or co-processors or other users

1. Quantity of waste received during the year -
  - (i) domestic sources
  - (ii) imported (if applicable)
2. Quantity in stock at the beginning of the year -

3. Quantity recycled or co-processed or used –
4. Quantity of products dispatched (wherever applicable) –
5. Quantity of waste generated -
6. Quantity of waste disposed -
7. Quantity re-exported (wherever applicable)-
8. Quantity in storage at the end of the year -



Signature of the Occupier or  
Operator of the disposal facility

Date.....19/08/2023

Place.....Indore.

**FORM 10**  
[See rule 19 (1)]

**MANIFEST FOR HAZARDOUS AND OTHER WASTE**

1.	Sender's name and mailing address (including Phone No. and e-mail) :	M/S. Shalby Hospital Indore P.No. 586 Race Course Road P.S. Shilp Indore		
2.	Sender's authorization No. :	111901		
3.	Manifest Document No.	13		
4.	Transporter's name and address : (including Phone No. and e-mail)	KUBU Logistics & Warehousing Solution Pvt Ltd.		
5.	Type of vehicle :	(Truck/Tanker/Special Vehicle)		
6.	Transporter's registration No.	117026		
7.	Vehicle registration No.	HR55-EN7543		
8.	Receiver's Name and mailing address (including Phone No. and e-mail) :	P20 Green Refinery LLP Nagda Bapnagar District		
9.	Receiver's authorization No. :	26654		
10.	Waste description	Used for spent oil		
11.	Total quality No. of Containers	..... 070 MT ..... m <sup>3</sup> or MT ..... Nos.		
12.	Physical form			
13.	Special handling instructions and additional information	(Solid/Semi Solid/Sludge/ Oily/Tarry/Slurry/Liquid)		
14.	Sender's Certificate	 <p>I hereby declare that the contents of the consignment are fully and accurately described above by proper shipping name categorized, packed, marked, and labeled, and are in all respects in proper conditions for transport by road according to applicable national government regulations.</p>		
Name and stamp : Signature :		Month	Day	Year
		03	31	2023
15.	Transporter acknowledgment of Waste			
Name and stamp : Signature		Month	Day	Year
		03	31	2023
16.	Receiver's Certification for receipt of hazardous and other waste			
Name and stamp : Signature :		Month	Day	Year
		03	31	2023
Copy 2 (Yellow)		To be retained by the sender after taking signature on it form the transporter and the rest of the five signed copies to be carried by the transporter.		

क्षेत्रीय कार्यालय  
म. प्र. प्रदूषण नियंत्रण बोर्ड

स्कीम न. 78/सी, पार्ट 2, अरण्य, विजयनगर, इन्दौर-452010 (म.प्र.)  
फोन : 0731 2555436; e-mail: [romppcb\\_indore@rediffmail.com](mailto:romppcb_indore@rediffmail.com)

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इन्दौर, दिनांक 06/03/2023

प्रति,

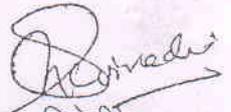
श्री लवाँ रेसिडेंट,  
इन्दौर।

विषय:- परिसंकटमय अपशिष्ट (प्रबंधन हथालन एवं सीमा पार संचलन) नियम 2016 के तहत फार्म-04 में जानकारी प्रस्तुत करने बाबद्।

उपरोक्त विषय के बारे में लेख है कि प्रदेश में परिसंकटमय अपशिष्ट (प्रबंधन हथालन एवं सीमा पार संचलन) नियम 2016 प्रभावशील है जिसके अनुसार उद्योग/संस्थान को परिसंकटमय अपशिष्ट का रिकार्ड फार्म-03 के अनुसार रखना है। तथा परिसंकटमय अपशिष्ट की वार्षिक जानकारी फार्म-04 में प्रतिवर्ष इस कार्यालय को भेजा जाना अनिवार्य है।

उपरोक्तानुसार वित्तीय वर्ष 2022-23 की जानकारी फार्म 04 में पूर्ण कर इस कार्यालय को भेजी जानी है। साथ ही वित्तीय वर्ष 2022-23 का पर्यावरण विवरण भी प्रस्तुत करें।

अतः कृपया आप वित्तीय वर्ष 2022-23 की जानकारी दिनांक 30.04.2023 तक अनिवार्य रूप से इस कार्यालय में प्रस्तुत करें।

  
(एस.एन. द्विवेदी)  
क्षेत्रीय अधिकारी, इन्दौर