

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

PCB ID : 111901		FT	Health Care Facility / CBWTF Name : Shalby Hospital Indore
1	Year	2024	
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	712.65	
7	Red Category	480.68	
8	White Category	29.91	
9	Blue Category	184.86	
10	General Solid Waste	3642.91	
Details of the Storage, Treatment, Transportation, Processing and Disposal Facility			
11	Details of the on-site storage facility All colour codes segregation & sorting in our BMW area at Ground floor, then it handed over to our authorized BMW		

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	<input checked="" type="radio"/> Yes <input type="radio"/> No Quarterly MOM
Details of Trainings conducted on Bio Medical Waste Management		
18	Number of Trainings conducted on BMW Management	11
19	Number of Personnel Trained	165
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	<input type="text" value="22"/>
25	Number of the persons affected	<input type="text" value="22"/>
26	Remedial Action taken (details if any)	Yes
27	Any Fatality Occurred , details	No
28	Are you meeting the standards of air Pollution from the incinerator ? How many times in last year could not met the standards?	<input type="text" value=""/> <input checked="" type="radio"/> Yes <input type="radio"/> No
29	Details of Continuous Online Emission Monitoring systems installed	Not applicable
30	Liquid waste generated and treatment methods in place . How many times you have not met the standards in a year	<input type="text" value="0"/> <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 ?	<input type="text" value=""/> <input checked="" type="radio"/> Yes <input type="radio"/> No
32	Any other relevant information	Not applicable


 Signature: *[Handwritten Signature]*
 Date: 17/06/25

Updated

Month wise Bio-Medical waste From January 2024 - December 2024

Color	Actual	Approved Weight	Diff
Black	3414	3646	3658
	3678	3658	3658
	3658	3598	3548
	3578	3702	3750
	3885	3670	43715
Total	3642.917		

Month	Yellow			Red			Blue			White			Total
	Actual	Approved Weight	Diff	Actual	Approved Weight	Diff	Actual	Approved Weight	Diff	Actual	Approved Weight	Diff	
Jan-24	798.4	1800	1002	613.8	800	184.2	224.9	600.57	375.1	18	60	42	1657.1
Feb-24	665.4	1800	1135	549.7	800	256.3	239.9	600.41	360.1	15	60	45	1464
Mar-24	596.2	1800	1204	443.6	800	354.7	242.7	600.96	357.3	12	60	48	1296.2
Apr-24	646.9	1800	1153	339.8	800.1	410.3	239.3	600.12	360.7	20	60	40	1296
May-24	676.6	1800	1123	623.8	800.1	424.3	242.9	600.35	357.1	40	60	20	1335.3
Jun-24	609.2	1800	1191	523.6	800.1	421.5	168.6	600.77	431.4	21	60	39	1177.4
Jul-24	797.4	1800	1003	659.1	800.1	391	141.7	600.83	458.3	35	60	25	1383.2
Aug-24	727.1	1800	1073	279.7	800.1	320.4	141.4	600.82	458.6	34	60	26	1382.2
Sep-24	741.8	1800	1058	457.6	800.1	312.5	172.5	600.41	427.5	40	60	20	1441.9
Oct-24	728.51	1800	1071	504.6	800.1	295.5	150.5	600.27	449.5	44	60	16	1427.6
Nov-24	746.9	1800	1053	527.4	800.1	262.7	131	600.55	469	40	60	20	1455.3
Dec-24	817.43	1800	983	600.8	800.1	199.26	123	600.81	477	40	60	20	1581.3
Total	8551.8			4861.867			2218.4		184.86667	359			16897
Monthly AVG-	712.65333									29.91667			1408.12



Sumit
17/10/24

I-454-OK

FORM 4

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

FORM FOR FILING ANNUAL RETURNS 11/9/01

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

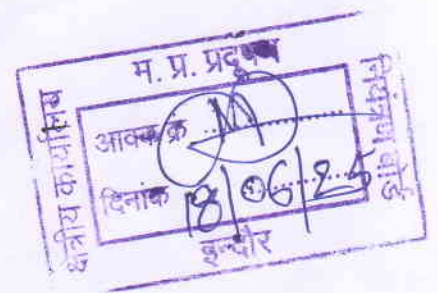
1. Name and address of facility: *SHALBY HOSPITAL, PART 566, R.S. BHANDARI MARG, NEAR JANJEERWALA SQR., INDORE - 452003.*
2. Authorisation No. and Date of issue: *AWB-111996, 28/02/2026 (Issue date: 22/4/13)*
3. Name of the authorised person and full address with telephone, fax number and e-mail:
4. Production during the year (product wise), wherever applicable

Part A. To be filled by hazardous waste generators

1. Total quantity of waste generated category wise: *Spent oil, Cat. 5.1, Qty: 0.050 MT*
2. Quantity dispatched *0.050 MT*
 - (i) to disposal facility -
 - (ii) to recycler or co-processors or pre-processor - *Unison Global Pvt. Ltd.*
 - (iii) others -
3. Quantity utilised in-house, if any -
4. Quantity in storage at the end of the year - *NIL*

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 -

[Handwritten signature]

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 -

Date..... 17-06-2025

Place.... INDORE




Signature of the Occupier or
Operator of the disposal facility



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):	Shalby Hospital Indore, Plot No. 5 & 6 Race Course Road R S Bhandari Marg Indore Indore (07316677600 srmgrops.indore@shalby.in)	
2.	Sender's Authorize No.	111901	
3.	Manifest Document No.	1800059594	
4.	Transporter's Name and mailing address (including Phone No. and e-mail):	Kubu Logistics & Warehousing Solutions Pvt.Ltd. (9425910201/ kubulogisticsandwarehousing@gmail.com)	
5.	Type of Vehicle	(Truck/Tanker/Special Vehicle)	
6.	Transporter's Registration No.	117026	
7.	Vehicle Registration No.	HR55H0279	
8.	Receiver's Name and mailing address (including Phone No. and e-mail):	Unison Global Industries (old name R.K. Steel & Scrap Suppliers) (Reception or recycling or reuse or recovery) (8827512675/ rksteelscrapsuppliers@gmail.com)	
9.	Receiver's Authorize No.	120068	
10.	Waste Description.	I - 5.1 ~ Used or Spent Oil	
11.	Total Quantity	<u>0.050 MT</u>	
12.	Physical Form	(Solid/Semi-Solid/Sludge/Oily/Tarry/Slurry/Liquid)	
13.	Special handling instruction and additional information.	27/03/2025	
14.	Sender's Certificate.	I hereby declare that the content of the consignment are fully and accurately describe above by proper shipping name and are categorised, packed, Marked, and labelled, and are in all respects in proper conditions for transport by road according to applicable national government regulation.	



Name of Stamp:	Signature:	Month	Day	Year
		03	27	2025
15 Transporter acknowledgment of receipt of Waste				
Name of Stamp:	Signature:	Month	Day	Year
		03	27	2025
16 Receiver's certificate for receipt of hazardous and other waste.				
Name of Stamp:	Signature:	Month	Day	Year