

To,

Date: 03.08.2026

Regional Office,

Pollution Control Board Jaipur

Subject: - Regarding Annual Biomedical waste report Submission

Respected Sir/Madam,

This is to inform you that we are submitting the annual biomedical waste report for the period 1st Jan 2025 to 31st Dec 2025. Kindly accept the same and provide receiving.

Regards,



Ankit Pareek

Chief Administrative Officer

Shalby Hospital

SHALBY HOSPITAL

Sector-3, Near Gandhi Path Underpass, 200 Ft Bypass, Chitrakoot, Vaishali Nagar, Jaipur-302 021.

Tel: 0141-7123889 | Email: info.jaipur@shalby.org

CIN: L85110GJ2004PLCO44667

Regd. Office: Shalby Limited, Opp. Karnavati Club, S.G. Road, Ahmedabad - 380 015, Gujarat, India

Tel: 079 40203000 | Fax: 079 40203109 | Email: info.sg@shalby.org | www.shalby.org

Ahmedabad - Vapi - Indore - Jabalpur - Mohali - Surat Upcoming Hospitals: Mumbai - Nashik

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)	:	Mr. Ankit Parwek
	(ii) Name of HCF or CBMWTF	:	Shalby Limited
	(iii) Address for Correspondence	:	Sec-3, Chitarkot, Vaishali Nagar.
	(iv) Address of Facility	:	Jaipur
	(v) Tel. No. Fax. No	:	
	(vi) E-mail ID	:	CAO.JAIPUR@shalby.org.
	(vii) URL of Website	:	
	(viii) GPS coordinates of HCF or CBMWTF	:	
	(ix) Ownership of HCF or CBMWTF	:	(State Government or Private or Semi Govt. or any other) HCF Pvt.
	(x). Status of Authorisation under the Bio-Medical Waste (Management and Handling) Rules	:	Authorisation No.: BMW/2022-23/BMW/13valid up to 30-04-27
	(xi). Status of Consents under Water Act and Air Act	:	Valid up to: 30/04/27
2.	Type of Health Care Facility	:	HCF (Private Hospital)
	(i) Bedded Hospital	:	No. of Beds: 240
	(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/124(i)/2017-18/2253-2255
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:	:	Kg/day
	(iv) Quantity of biomedical waste treated or disposed by CBMWTF	:	Kg/day
4.	Quantity of waste generated or disposed in Kg per annum (on monthly average basis)	:	Yellow Category : Red Category : White: Blue Category : General Solid waste:
5	Details of the Storage, treatment, transportation, processing and Disposal Facility		
	(i) Details of the on-site storage facility	:	Size : 6x10 ft. Capacity : 150 Kg. Provision of on-site storage : (cold storage or any other provision)

disposal facilities		Type of treatment equipment	No of units	Cap acity K g/ day	Quantity treator disposed in kg per annum
(iii) Quantity of recyclable wastes sold to authorized recyclers after treatment 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:			
(iv) No of vehicles used for collection and transportation of biomedical waste	:	Red Category (like plastic, glass etc.)			
(v) Details of incineration ash and ETP sludge generated and disposed during the treatment of wastes in Kg per annum		Quantity Where generated disposed Incineration Ash ETP Sludge			
(vi) Name of the Common Bio-: Medical Waste Treatment Facility Operator through which wastes are disposed of					
(vii) List of member HCF not handed over bio-medical waste.					
6 Do you have bio-medical waste Management committee? If yes, attach minutes of the meetings held during the reporting period.					

7	Details trainings conducted on BMW		
	(i) Number of trainings conducted on BMW Management		35
	(ii) number of personnel trained		
	(iii) number of personnel trained at the time of induction		18
	(iv) number of personnel not undergone any training so far		NA
	(v) whether standard manual for training is available?		Yes
	(vi) any other information		
8	Details of the accident occurred during the year		NA
	(i) Number of Accidents occurred		
	(ii) Number of the persons affected		
	(iii) Remedial Action taken (Please attach details if any)		
	(iv) Any Fatality occurred, details.		
9.	Are you meeting the standards of air Pollution from the incinerator? How many times in last year could not met the standards?		Yes
	Details of Continuous online emission monitoring systems installed		
10	Liquid waste generated and treatment methods in place. How many times you have not met the standards in a year?		10-1. Sodium Hypochloride Treated
11	Is the disinfection method or sterilization meeting the log 4 standards? How many times you have not met the standards in a year?		
12	Any other relevant information		:(Air Pollution Control Devices attached with the Incinerator)

Certified that the above report is for the period from

01/01/25 To 31/12/25

(Signature)

Name and Signature of the Head of the Institution

Date: 30/06/26

Place: Jaipur

Bio Medical Waste Details 2025

Sr. No.	Month	Red	Yellow	Blue
1	January	750	965	332
2	February	625	765	435
3	March	590	798	487
4	April	610	812	466
5	May	687	923	365
6	June	816	945	467
7	July	756	887	348
8	August	742	856	327
9	September	785	801	432
10	October	689	756	311
11	November	732	798	356
12	December	754	812	376
	Grand Total	8536	10118	4702

