

o/c

**N G Medicare &  
Calcutta Hope Infertility Clinic**

123 A, Rashbehari Avenue, Kolkata - 700 029, Ph : 2464 0230 / 6625, 2463 1376  
e-mail:ngmedicare@ngind.com Website :www.ngmedicare.in



Date

31.01.2019

To,  
The Environmental Engineer, (Camc st. R.O)  
West Bengal Pollution Control Board,  
Minority Bhawan 5<sup>th</sup> Floor,  
Kolkata 700 027,

Sub:-Submission of Bio-Medical waste ANNUAL return for 2018.

Dear Sir,

With reference to the above we are submitting the ANNUAL report of Bio-Medical waste from JANUARY 2018 to DECEMBER 2018 for your records.

Please receive and oblige.

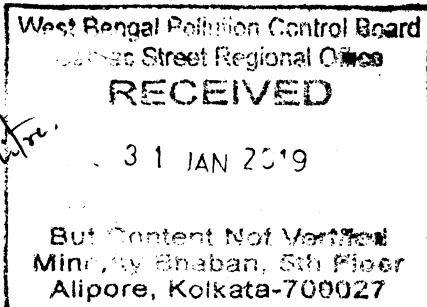
Thanking You,

Yours faithfully,

N G Medicare & Calcutta Hope Infertility Clinic.  
(A Division of N G Industries ltd)

*R. Goenka*

(Rajesh Goenka)  
Director



**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 authorized person (occupier or : operator of facility)                   | : | RAJESH GOENKA<br>C DIRECTOR)                                                                                                      |
|         | (ii) Name of HCF or CBMWTF                                                               | : | NGI MEDICARE & CALCUTTA HOPE INFERTILITY CLINIC<br>A DIVISION OF NGI INDUSTRIES                                                   |
|         | (iii) Address for Correspondence                                                         | : | 123A RASHBEHARI AVENUE KOL- 700029                                                                                                |
|         | (iv) Address of Facility                                                                 | : | SAME AS ABOVE.                                                                                                                    |
|         | (v) Tel. No, Fax. No                                                                     | : | 033-2464-0230                                                                                                                     |
|         | (vi) E-mail ID                                                                           | : | ngmedicare@ngind.com                                                                                                              |
|         | (vii) URL of Website                                                                     | : | WWW.ngmedicare.in                                                                                                                 |
|         | (viii) GPS coordinates of HCF or CBMWTF                                                  | : | LATITUDE - 22-51849419<br>LONGITUDE - 88-35891187                                                                                 |
|         | (ix) Ownership of HCF or CBMWTF                                                          | : | (State Government or Private or Semi Govt. or any other) PUBLIC LTD.                                                              |
|         | (x). Status of Authorization under the Bio-Medical Waste (Management and Handling) Rules | : | Authorisation No.: D0012068<br>MEMO NO. - 01/WBPCB-RO-T/DMW/53/2018<br>Valid upto: 31.12.2023                                     |
|         | (xi). Status of Consents under Water Act and Air Act                                     | : | Valid upto: 31.12.2023<br>CONSENT NO - C0118944<br>MEMO NO - 01/WBPCB-RO-T/01/1932/2018                                           |
| 2       | Type of Health Care Facility                                                             | : |                                                                                                                                   |
|         | (i) Bedded Hospital                                                                      | : | No. of Beds: 08 DAY CARE                                                                                                          |
|         | (ii) Non-bedded hospital                                                                 | : |                                                                                                                                   |
|         | Clinical Laboratory or Research Institute or Veterinary Hospital or any other)           | : | CLINICAL LABORATORY                                                                                                               |
|         | (iii) License number and its date of expiry                                              | : | 34215682 VALID UP TO - 12/01/2022                                                                                                 |
| 3       | Details of CBMWTF                                                                        | : |                                                                                                                                   |
|         | (i) Number of health care facilities covered by CBMWTF                                   | : | NA                                                                                                                                |
|         | (ii) No. of Beds covered by CBMWTF                                                       | : | NA                                                                                                                                |
|         | (iii) Installed treatment and disposal capacity of CBMWTF;                               | : | — Kg / day                                                                                                                        |
|         | (iv) Quantity of bio medical 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: 221.12 KG<br>Red Category: 265.40 KG<br>White: 12.79 KG<br>Blue Category: 0.41 KG<br>General Solid Waste: 490 KG |
| 5       | Details of the Storage, Treatment, Transportation, Processing and Disposal Facility      | : |                                                                                                                                   |

| facility                                                                                                                      |   | Capacity: 2 DAYS (48 HOURS)                                                                                                |                    |                 |                                              |
|-------------------------------------------------------------------------------------------------------------------------------|---|----------------------------------------------------------------------------------------------------------------------------|--------------------|-----------------|----------------------------------------------|
|                                                                                                                               |   | Provision of on-site storage : (Cold storage or any other provision) HAND OVER TO MEDICARE ENVIRONMENTAL MANAGEMENT PVT. L |                    |                 |                                              |
| (ii) Disposal facilities                                                                                                      |   | Type of treatment equipment                                                                                                | No of Units        | Capacity Kg/day | Quantity Treated or disposed 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:                                                                                             |                    |                 |                                              |
| (iii) Quantity of recyclable wastes sold to authorized recyclers after treatment in Kg per annum                              | : | Red Category (like plastic, glass, etc.)<br>NO SALE IS MADE OF WASTE                                                       |                    |                 |                                              |
| (iv) No. of Vehicles used for collection and transportation of biomedical waste                                               | : | VEHICLES USED FOR PICKUP OF WASTE IS DONE BY MEDICARE ENVIRONMENTAL MANAGEMENT PVT. LTD.                                   |                    |                 |                                              |
| (v) Details of incineration ash and ETP sludge generated and disposed during the treatment of wastes in Kg per annum          |   | NO INCINERATION                                                                                                            | Quantity Generated | Where disposed  |                                              |
|                                                                                                                               |   | NO ETP.                                                                                                                    |                    |                 |                                              |
|                                                                                                                               |   | Incineration                                                                                                               |                    |                 |                                              |
|                                                                                                                               |   | Ash                                                                                                                        |                    |                 |                                              |
|                                                                                                                               |   | ETP Sludge                                                                                                                 |                    |                 |                                              |
| (vi) Name of the Common Bio-Medical Waste Treatment Facility Operator through which wastes are disposed of                    |   | MEDICARE ENVIRONMENTAL MANAGEMENT PVT LTD.<br>41A ROAD BELGIACHIA HOW-71105                                                |                    |                 |                                              |
| (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 |   | MANAGER LEADS OPERATIONS TEAM                                                                                              |                    |                 |                                              |

|    |                                                                                                                                   |  |                                                                                  |
|----|-----------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------|
| 7  | Details trainings conducted on BMW                                                                                                |  |                                                                                  |
|    | (i) Number of trainings conducted on BMW Management                                                                               |  | 04 NO YEARLY                                                                     |
|    | (ii) Number of personnel trained                                                                                                  |  | 08 PERSONS                                                                       |
|    | (iii) Number of personnel trained at the time of induction                                                                        |  | ON A GOING BASIS ALL ARE PROVIDED ORIENTATION.                                   |
|    | (iv) Number of personnel not undergone any training so far                                                                        |  | NONE IN THE DEPARTMENTS WHICH ARE CONCERNED.                                     |
|    | (v) Whether standard manual for training is available?                                                                            |  | SOP/POSTER ARE AVAILABLE                                                         |
| 8  | Details of the accident occurred during the year                                                                                  |  |                                                                                  |
|    | (i) Number of Accidents occurred                                                                                                  |  | NILL                                                                             |
|    | (ii) Number of persons affected                                                                                                   |  | NILL                                                                             |
|    | (iii) Remedial Action taken (Please attach details if any)                                                                        |  | NILL                                                                             |
|    | (iv) Any Fatality occurred, details                                                                                               |  | NILL                                                                             |
| 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?                   |  | COLLECTED IN BUNCH WITH 1% BLEACHING POWDER SOLUTION & DISCHARGED THROUGH DRAIN. |
| 11 | Is the disinfection method or sterilization meeting the log 4 standards? How many times you have not met the standards in a year? |  | NONE<br>ONLY SHARP ITEMS ARE DISINFECTED USING 1% SODIUM HYPOCHLORIDE SOLUTION.  |
| 12 | Any other relevant information                                                                                                    |  | (Air Pollution Control Devices attached with the Incinerator)                    |

Certified that the above report is for the period from

JANUARY 2018 TO DECEMBER 2018

Box N.G. MEDICARE & CALCUTTA HOPE  
INFERTILITY CLINIC  
Prop. N.G. INDUSTRIES LTD.

*[Signature]*  
Director

Name and Signature of the Head of the Institution

Date:

Place: