

*N G Medicare &  
Calcutta Hope Infertility Clinic*

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



To,  
The Environmental Engineer, (Kolkata.R.O)  
West Bengal Pollution Control Board,  
Mani Square  
Kolkata 700 054,

Date 27/01/23

Sub :- Submission of Bio-Medical Waste Annual return for 2022.

Dear Sir,

With reference to the above we are submitting the ANNUAL report of Bio-Medical waste from JANUARY 2022 TO DECEMBER 2022 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 (DIRECTOR)
	(ii) Name of HCF or CBMWTF	: NG MEDICARE & CALCUTTA HOPE INFERTILITY CLINIC (A DIVISION OF NG INDUSTRIES LTD.)
	(iii) Address for Correspondence	: 123A RASH BEHARI AVENUE KOLKATA-700029
	(iv) Address of Facility	: SAME AS ABOVE
	(v) Tel. No, Fax. No	: 033 2464-0230
	(vi) E-mail ID	: mgmail@ngil.co.in
	(vii) URL of Website	: WWW.MGMEDICARE.IN
	(viii) GPS coordinates of HCF or CBMWTF	: LATITUDE- 22-518999 N 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 MEMO NO - 01/WBPCB-R0-11BMW1... 57.12002..... Valid upto: 31.12.2023
	(xi). Status of Consents under Water Act and Air Act	: Valid upto: 31.12.2023 CONSENT NO- C0118944 MEMO NO - 01/WBPCB-R0-11011932/2018
2	Type of Health Care Facility	:
	(i) Bedded Hospital	: No. of Beds: 08 DAY CARE
	(ii) Non-bedded hospital	: CLINICAL LABORATORY
	Clinical Laboratory or Research Institute or Veterinary Hospital or any other)	:
	(iii) License number and its date of expiry	: 34230751 12.01.2025
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: 68.75 Red Category: 143 White: 4.70 Blue Category: 9.25 General Solid Waste: 350 kg.
5	Details of the Storage, Treatment, Transportation, Processing and Disposal Facility	:
	(i) Details of the on-site storage	: Size: 10'x10'

	facility	Capacity: 2 DAYS (48 HOURS)			
		Provision of on-site storage: (Cold storage or any other provision) <b>HAND OVER TO MEDICARE ENVIRONMENTAL MANAGEMENT LTD</b>			
(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.) <b>NO SALE IS MADE OF WASTE</b>			
	(iv) No. of Vehicles used for collection and transportation of biomedical waste	<b>VEHICLES USED FOR PICK UP OF WASTE IS DONE BY MEDICARE ENVIRONMENTAL MANAGEMENT PVT LTD.</b>			
	(v) Details of incineration ash and ETP sludge generated and disposed during the treatment of wastes in Kg per annum	<b>NO INCINERATION</b>	Quantity Generated	Where disposed	
		<b>NO ETP</b>			
		Incineration			
		Ash			
		ETP Sludge			
	(vi) Name of the Common Bio-Medical Waste Treatment Facility Operator through which wastes are disposed of	<b>MEDICARE ENVIRONMENTAL MANAGEMENT PVT LTD.</b> <b>41' F ROAD BELGACHIA HOW-71105</b>			
	(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	<b>MANAGER LEADS OPERATIONS TEAM</b>			



7	Details trainings conducted on BMW		
	(i) Number of trainings conducted on BMW Management		04 NOS 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 & DISCHARGE THROUGH DRAIN NONE
11	Is the disinfection method or sterilization meeting the log 4 standards? How many times you have not met the standards in a year?		ONLY SHARP ITEMS ARE DISINFECT USING 1% SODIUM HYPOCHLORIDE SOLUTION NONE
12	Any other relevant information		(Air Pollution Control Devices attached with the Incinerator)

Certified that the above report is for the period from

JANUARY 2022 To DECEMBER 2022

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

*J. V. S.*

Name and Signature of the Head of the Institution <sup>Director</sup>

Date:

Place: