



Date: 26.05.2026
Visakhapatnam

To,
The Environmental Engineer,
AP Pollution Control Board,
Regional Office,
Visakhapatnam,
A.P

Sub: Submission of Annual Report Form-IV and Form-4 for the period of Jan-25 to Dec-25.

Dear Sir,

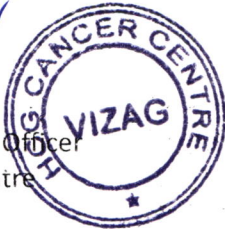
This in reference to the above mentioned subject, we M/s. HCG Cancer Centre, plot no: 10, 11 & 12, APIIC, Health City, Chinagadili, Visakhapatnam, would like to state as below:
We are submitting the Annual Report Form-IV and Annual Returns Form-4 for the year Jan-25 to Dec-25 as per the conditions & Auth No: 8511/APPCB/ZO-VSP/VSP/CFO/2025 Dated: 26.05.2025.

We hope you will find the same in order.

Thanking You,

Yours Faithfully

Dr. Aditya.k
Chief Operating Officer
HCG Cancer Centre



Hcg Cancer Centre

(A Unit of Healthcare Global Enterprises Ltd.,)

Pinnacle Hospital Compound, APIIC Health City, Chinagadili, Arilova, Visakhapatnam - 530 040, Phone : 0891 6682700, +91 6305218383

CIN No : L15200KAKA1998PLC023489

Corporate Office : Healthcare Global Enterprises Ltd., HCG Tower # 8P, Kalinga Road, Sampangi Ramnagar, Bangalore - 560 027,

Vizag | Ahmedabad | Bangalore | Baroda | Chennai | Cuttack | Delhi | Hassan | Hubli | Kanpur | Kochi | Manglore | Mumbai | Mysore | Nasik | Ongole | Ranchi | Shimoga | Trichy | Uganda | Vijayawada

FORM/HCG/VSP/GEN/02/R1/E

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 | : HCA Cancer Centre Arihva, Healthcity, VSP-530040 |
| | (i) Name of the authorised person (occupier or operator of facility) | : Dr. Aditya Kaura |
| | (ii) Name of HCF or CBMWTF | : HCA Cancer Centre |
| | (iii) Address for Correspondence | : AP11C, Healthcity, Arihva |
| | (iv) Address of Facility | : Chinnagadde, VSP-530040 |
| | (v) Tel. No, Fax. No | : 0891-6682700 |
| | (vi) E-mail ID | : Samuel.ds@hcgel.com |
| | (vii) URL of Website | : www.hcg hospitals.com |
| | (viii) GPS coordinates of HCF or CBMWTF | : |
| | (ix) Ownership of HCF or CBMWTF | : (State Government or Private or Semi Govt. or any other) APPCB |
| | (x). Status of Authorisation under the Bio-Medical Waste (Management and Handling) Rules | : Authorisation No.: 8511/APPCB/20-VSP VSP/CTO/2026.....valid up to 28/2/2027 |
| (xi). Status of Consents under Water Act and Air Act | : Valid up to: | |
| 2 | Type of Health Care Facility | : Oncology Speciality Hospital |
| | (i) Bedded Hospital : | : No. of Beds..... 101 |
| | (ii) Non-bedded hospital (Clinic or Blood Bank or Clinical Laboratory or Research Institute or Veterinary Hospital or any other) | : NA |
| | (iii) License number and its date of expiry | : 8511/APPCB/20-VSP/VSP/CTO/2026 28.2.2027 |
| 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 per day |
| | (iv) Quantity of biomedical waste treated or | : _____ Kg/day |

| | disposed by CBMWTF | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--------------------------------------|---------------------------------------------------------------------------------------------------|-----------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|-------------|-----------------|----------------------------------------------|--------------|--|--|--|------------------|--|--|--|------------|--|--|--|-----------|--|--|--|------------|--|--|--|----------|--|--|--|--------------------------------|--|--|--|--------------------------------------|--|--|--|------------------|--|--|--|-----------------------|--|--|--|-------------------------------|--|--|--|
| 4 | Quantity of waste generated or disposed in Kg per annum (on monthly average basis) | : | Yellow Category : 331 Red Category : 320 White: 87 Blue Category : 92 General Solid waste: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | Details of the Storage, treatment, transportation, processing and Disposal Facility | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | (i) Details of the on-site storage facility | : | Size : Capacity : Provision of on-site storage : (cold storage or any other provision) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | (ii) Details of the treatment or disposal facilities | : | <table border="1"> <thead> <tr> <th>Type of treatment equipment</th> <th>No of units</th> <th>Capacity Kg/day</th> <th>Quantity Treated or disposed in kg per annum</th> </tr> </thead> <tbody> <tr><td>Incinerators</td><td></td><td></td><td></td></tr> <tr><td>Plasma Pyrolysis</td><td></td><td></td><td></td></tr> <tr><td>Autoclaves</td><td></td><td></td><td></td></tr> <tr><td>Microwave</td><td></td><td></td><td></td></tr> <tr><td>Hydroclave</td><td></td><td></td><td></td></tr> <tr><td>Shredder</td><td></td><td></td><td></td></tr> <tr><td>Needle tip cutter or destroyer</td><td></td><td></td><td></td></tr> <tr><td>Sharps encapsulation or concrete pit</td><td></td><td></td><td></td></tr> <tr><td>Deep burial pit:</td><td></td><td></td><td></td></tr> <tr><td>Chemical disinfection</td><td></td><td></td><td></td></tr> <tr><td>Any other treatment equipment</td><td></td><td></td><td></td></tr> </tbody> </table> | 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 pit: | | | | Chemical disinfection | | | | Any other treatment equipment | | | |
| 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 pit: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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.) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

| | | | | |
|---|------------------------------------------------------------------------------------------------------------------------------|---|--------------------|----------------|
| | (iv) No of vehicles used for collection and transportation of biomedical waste | | | |
| | (v) Details of incineration ash and ETP sludge generated and disposed during the treatment of wastes in Kg per annum | : | Quantity generated | Where 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 | | YES | |
| 7 | Details trainings conducted on BMW | | 12 | |
| | (i) Number of trainings conducted on BMW Management. | | 12 | |
| | (ii) number of personnel trained | | 360 | |
| | (iii) number of personnel trained at the time of induction | | 30 | |
| | (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 | | | |
| | (i) Number of Accidents occurred | | 0 | |
| | (ii) Number of the persons affected | | 0 | |
| | (iii) Remedial Action taken (Please attach details if any) | | NA | |
| | (iv) Any Fatality occurred, details. | | NA | |
| 9 | Are you meeting the standards of air Pollution from the incinerator? How many times in last year could not me the standards? | | NA | |
| | Details of Continuous online emission | | NOT YET Installed | |

| | | |
|----|-----------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------|
| | monitoring systems installed | |
| 10 | Liquid waste generated and treatment methods in place. How many times you have not met the standards in a year? | NA |
| 11 | Is the disinfection method or sterilization meeting the log 4 standards? How many times you have not met the standards in a year? | NA |
| 12 | Any other relevant information | (Air Pollution Control Devices attached with the Incinerator) NA |

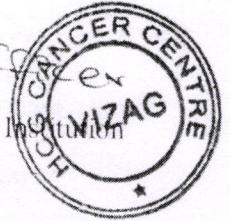
Certified that the above report is for the period from

..... Jan-25 to Dec-25

Dr. Aditya Kaur

Chief Operating Officer

Name and Signature of the Head of the Institution



Date:
Place

26/05/2026

Visakhapatnam



To
The HOD,
HCG CANCER CENTER
Health City,
Visakhapatnam.

| BMW Waste Collection Report | | | | |
|-----------------------------------------------|-------------------|----------------|-----------------|-------------|
| 1st January 2025 to 31st December 2025 | | | | |
| MONTH | Yellow Kgs | Red Kgs | Blue Kgs | PPC |
| Jan-25 | 226.5 | 206.5 | 87 | 68 |
| Feb-25 | 212.5 | 194.5 | 76 | 54 |
| Mar-25 | 233.5 | 216 | 86.5 | 62 |
| Apr-25 | 242 | 230 | 88.5 | 65.5 |
| May-25 | 245 | 245 | 89.5 | 74.5 |
| Jun-25 | 385 | 362 | 79 | 60.5 |
| Jul-25 | 366 | 356 | 78 | 91 |
| Aug-25 | 416 | 404 | 87 | 72.5 |
| Sep-25 | 414 | 401 | 107 | 115 |
| Oct-25 | 423 | 415 | 114 | 135 |
| Nov-25 | 390 | 394 | 106 | 118 |
| Dec-25 | 426 | 423 | 116 | 131 |
| TOTAL | 3979.5 | 3847 | 1114.5 | 1047 |

Authorized Signature