

**Form - IV**  
**(See rule 13)**  
**BIO-MEDICAL WASTE 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) / gpcb_id	: <b>NA / 98180</b>
	(ii) Name of HCF or CBMWTF	: <b>HCG CANCER CENTRE</b>
	(iii) Address for Correspondence	: -, SHOP NO.02 TO 14,16,19,21,22,23,24 ,2ND FLOOR - , Village: VADODARA Tal: -- Dist: Vadodara Pin: 390022
	(iv) Address of Facility	: -, SHOP NO.02 TO 14,16,19,21,22,23,24 ,2ND FLOOR - , Village: VADODARA Tal: -- Dist: Vadodara Pin: 390022
	(v) Tel. No, Fax. No	: NA
	(vi) E-mail ID	: (ciod.hccbrd@hcgel.com)
	(vii) URL of Website	: NA
	(viii) GPS coordinates of HCF or CBMWTF	: Lat:( ) Long:( )
	(ix) Ownership of HCF or CBMWTF	: PVT - Private
	(x) Status of Authorisation under the Bio-Medical Waste (Management and Handling) Rules	: Authorisation No: BAWH-69981 Valid Upto: 22/01/2029
	(xi) Status of Consents under Water Act and Air Act	: Water: Consent No.(BAWH-69981) - 22/01/2029 Air: Consent No.(BAWH-69981) - 22/01/2029
2.	Type of Facility	
	(i) Bedded Hospital	: (Bedded) No of Beds: 50
	(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	: License No: NA Valid Upto: NA
3.	Details of CBMWTF	

	(i) Number of healthcare facilities covered by CBMWTF	:	NA
	(ii) Number of beds covered by CBMWTF	:	NA
	(iii) Installed treatment and disposal capacity of CBMWTF	:	Incinerator Capacity : NA Autoclave Capacity : NA Shredder Capacity : NA
	(iv) Quantity of biomedical waste treated or disposed by CBMWTF	:	
4.	Quantity of waste generated or disposed in Kg per annum (on monthly average basis)	:	Yellow Category: 3698.28 Red Category: 1223.16 White Category: 112.92 Blue Category: 1134.36 General Solid Waste: 0.00
5.	Details of the Storage, treatment, transportation, processing and Disposal Facility		
	(i) Details of the on-site storage facility	:	Size: 0 Capacity: 0 Provision of on-site storage: Other
	(ii) Disposal facilities	:	CUT - Cutting, DSI - Disinfection / Shredding, Incineration
	(iii) Quantity of recyclable wastes sold to authorized recyclers after treatment in Kg per annum	:	NA
	(iv) Number of vehicles used for collection and transportation of biomedical waste	:	NA
	(v) Details of incineration ash and ETP sludge generated and disposed during the treatment of wastes in Kg per annum	:	Incineration Ash Generated: NA Incineration Ash Disposal: NA ETP Sludge Generated: NA ETP Sludge Disposal: NA
	(vi) Name of the Common Bio-Medical Waste Treatment Facility Operator through which wastes are disposed of	:	Quantum Environment Engineers - VAD
	(vii) List of member HCF not handed over bio-medical waste	:	NA
6.	Do you have a bio-medical waste management committee? If yes, attach minutes of the meetings held during the reporting period.	:	NO
7.	Details of Trainings Conducted on BMW		
	(i) Number of trainings conducted on BMW management	:	0
	(ii) Number of personnel trained	:	0
	(iii) Number of personnel trained at the time of induction	:	0

	(iv) Number of personnel not undergone any training so far	:	0
	(v) Whether standard manual for training is available	:	NO
	(vi) Any other information	:	NA
8.	Details of the Accident Occurred During the Year		
	(i) Number of accidents occurred	:	NA
	(ii) Number of persons affected	:	NA
	(iii) Remedial action taken (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 meet the standards?	:	NO No. of Times Not Meet (Air): 0
	Details of continuous online emission monitoring systems installed	:	NO
10.	Liquid waste generated and treatment methods in place. How many times you have not met the standards in a year?	:	NO No. of Times Not Meet (Liquid): 0
11.	Is the disinfection method or sterilization meeting the log 4 standards? How many times you have not met the standards in a year?	:	NO
12.	Any other relevant information	:	NA
	The undersigned hereby certifies that the information submitted in this Annual Return under Bio-Medical Waste Management Rules, 2016 is accurate and complete to the best of our knowledge, based on records maintained at the facility.		

Certified that the above report is for the period from : 2025

Name and Signature of the Head of the Institution

**VARUN MISHRA**

Date : 08-06-2026

Place : VADODARA