

## 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)  
For the year 2020

| S.No. | Particulars  |  |
|-------|--|--|
| 1.    | Particulars of the Occupier  | M/s Medicare Hospital & Research Centre<br>: (A Unit of Medicare Pvt. Ltd.)-Indore |
|       | (i) Name of the authorized person<br>(occupier or operator of facility)                        | Dr Rajendra Kumar Lohati   |
|       | (ii) Name of HCF or CBMWTF   | : M/s. Medicare Hospital (A Unit of Medicare Pvt. Ltd.)                            |
|       | (iii) Address for Correspondence   | : 4/5, Ravindra Nagar Old Palasia Indore(M.P.)                                     |
|       | (iv) Address of Facility   | : 4/5, Ravindra Nagar Old Palasia Indore(M.P.)                                     |
|       | (v) Tel. No, Fax. No   | : (0731) 4271600   |
|       | (vi) E-mail ID   | : Prakash.yadav@mhrc.co.in   |
|       | (vii) URL of Website   | : <a href="http://Mhrc.co.in">Mhrc.co.in</a>                                       |
|       | (viii) GPS coordinates of HCF or<br>CBMWTF   | : Longitude - 22.72256<br>Latitude - 75.89085                                      |
|       | (ix) Ownership of HCF or<br>CBMWTF (State Government or<br>Private or Semi Govt. or any other) | : M/s. Medicare Hospital (A Unit of Medicare Pvt. Ltd.)<br>Private                 |
|       | (x) Status of Authorisation under the<br>Bio-Medical Waste(Management<br>and Handling)         | : 13/09/2021<br>...  |



| S.No. | Particulars  |   |
|-------|--|---|
|       | (xi) Status of Consents under Water Act and Air Act  | -<br>- 13/09/2021   |
| 2.    | Type of Health Care Facility   |   |
|       | (i) Bedded Hospital  | : No. of beds 100 beds  |
|       | (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. 31 <sup>st</sup> March 2022   |
| 3.    | Details of CBMWTF  |   |
|       | (i) Number healthcare facilities covered by CBMWTF   | : NA  |
|       | (ii) No. of beds covered by CBMWTF   | : NA  |
|       | (iii) Installed treatment and disposal capacity of CBMWTF:   | : NA  |
|       | (iv) Quantity of biomedical waste treated or disposed by CBMWTF  | : NA  |
| 4.    | Quantity of waste generated or disposed in Kg per annum (on monthly average basis)<br># <i>Interpretation—Month wise and Total Annual Quantity</i>   | : Yellow Category: 6654.10 KG<br>Red Category: 1891.40 KG<br>White: 148.50 KG<br>Blue Category 3358.9 KG<br>Total Waste Generated: 12053.5 KG |
| 5.    | Details of the Storage, treatment, transportation, processing and Disposal Facility<br># <i>Interpretation – Only Point No. (vi) is to be filled by the (Hospital) Occupier (if waste is being handed over to the operator of common Bio-medical Waste treatment facility) &amp; rest of the points are for the operator of common Bio-medical Waste treatment facility.</i> |   |



| S.No. | Particulars   |                              |
|-------|---|------------------------------|
|       | (vii) List of member HCF not handed over bio-medical waste  | NA                           |
| 6.    | Do you have bio-medical waste management committee? If yes, attach minutes of the meetings held during the reporting period   | Yes (Reports for fitness )   |
| 7.    | Details trainings conducted on BMW  |                              |
|       | (i) Number of trainings conducted on BMW Management.  | One                          |
|       | (ii) number of personnel trained  | 05                           |
|       | (iii) number of personnel trained at the time of induction  | 02                           |
|       | (iv) number of personnel not undergone any training so far  | .....NEW                     |
|       | (v) Whether standard manual for training is available?  | No Direct                    |
|       | (vi) any other information)   | NA                           |
| 8.    | Details of the accident occurred during the year  | Nil                          |
|       | (i) Number of Accidents Occurred  | Nil                          |
|       | (ii) Number of the persons Affected   | Nil                          |
|       | (iii) Remedial Action taken (Please attach details if any)  | List Attached                |
|       | (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 met the standards? | Incinerator not in the unit. |
|       | Details of Continuous online emission monitoring systems Installed  | NA                           |

| S.No. | Particulars   |  |
|-------|---|--|
| 10.   | Liquid waste generated and treatment methods in place. How many times you have not met the standards in a year?                   | Through STP - Physical.<br>No deviation in standards |
| 11.   | Is the disinfection method or sterilization meeting the log 4 standards? How many times you have not met the standards in a year? | Practise - Hand wash, Temp sanitizer etc.            |
| 12.   | Any other relevant information (Air Pollution Control Devices attached with the Incinerator)                                      | N A  |

Certified that the above report is for the 01<sup>st</sup> Jan 2021 to 31<sup>st</sup> Dec 2021 period from.

Date: 14/03/2022

Place: Indore

Name and Signature form

  
Lahoti Medicare Pvt. Ltd.  
4/5, Old No. 516  
Ravindra Nagar, INDORE-1

(Mr. Anil Varulkar, CEO)  
M/s Medicare Hospital & Research Centre  
(A Unit of Medicare Pvt. Ltd.)