

To
The Regional Officer
Uttar Pradesh Pollution Control Board
Awas Vikas Bhawan, Peace Point Road
Jawahar Nagar Colony,
Bhelupur, Varanasi, UP - 221010

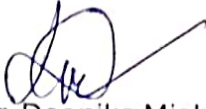
Date :09.07.2025

Sub: Annual Return of 2024 for the period January 2024 to December 2024 under Bio Medical (Management & Handling) Amendment Rules 2019.

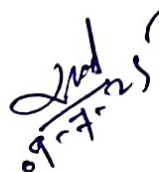
Please find herewith the attached annual return in Form IV under Bio Medical (Management & Handling) Amendment Rules 2019 for the period of January 2024 to December 2024 Agreement copy & One Time Authorization of Birla Fertility and IVF is attached herewith.

This is submitted for your kind information please

Thank you,



Dr. Deepika Mishra
Centre Head
Birla Fertility & IVF, Varanasi


09-7-25

**Form -
IV (See
rule 13)
ANNUAL REPORT**

[To be submitted to the prescribed authority 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)	:	Dr. Deepika Mishra
	(ii) Name of HCF or CBMWTF	:	Birla Fertility & IVF, Varanasi
	(iii) Address for Correspondence	:	Arihant Central, 2 nd Floor, Sigra, Varanasi, UP-221010
	(iv) Address of Facility	:	Arihant Central, 2 nd Floor, Sigra, Varanasi, UP-221010
	(v) Tel. No, Fax. No	:	9289682892
	(vi) E-mail ID	:	reachus.varanasi@birlafertility.com
	(vii) URL of Website	:	www.birlafertility.com
	(viii) GPS coordinates of HCF or CBMWTF	:	Latitude: N 25.31, Longitude: 82.97
	(ix) Ownership of HCF or CBMWTF	:	Private
	(x). Status of Authorization under the Bio-Medical Waste (Management and Handling) Rules	:	Authorisation No :- 31381073 Valid up to: 30/04/2030
	(xi). Status of Consents under Water Act and Air Act	:	Valid up to:
2.	Type of Health Care Facility	:	
	(i) Bedded Hospital	:	NA
	(ii) Non-bedded hospital	:	IVF Clinic-07 bedded
	(Clinic or Blood Bank or Clinical Laboratory or Research Institute or Veterinary Hospital or any other)	:	
	(iii) License number and its date of expiry	:	
3.	Details of CBMWTF	:	NA
	(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 Kg per day



	(iv) Quantity of biomedical waste treated or disposed by CBMWTF	:	1.75 Kg/day
4.	Quantity of waste generated or disposed in Kg per annum (on monthly average basis)	:	Yellow Category : 6 Kg Red Category: 6 Kg White: NA Blue Category: 3 Kg General Solid waste: 5 Kg
5	Details of the Storage, treatment, transportation, processing and Disposal Facility		
	(i) Details of the on-site storage facility	:	Size : In different colour bin as desired as BMW rule 2019 Capacity: In different colour bin as desired as BMW rule 2019 Provision of on-site storage : (cold storage or any other provision)
	(ii) Details of the treatment or disposal facilities	:	Generate waste handed over to authorize MPCC.
	(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	:	Covered Tempo Traveler
	(v) Details of incineration ash and ETP sludge generated and disposed		Quantity generated Where disposed



	during the treatment of wastes in Kg per annum	Incineration Ash ETP Sludge
	(vi) Name of the Common Bio-Medical Waste Treatment Facility Operator through which wastes are disposed of	NA
	(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	NA
7	Details trainings conducted on BMW	NA
	(i) Number of trainings conducted on BMW Management.	NA
	(ii) number of personnel trained	6
	(iii) number of personnel trained at the time of induction	3
	(iv) number of personnel not undergone any training so far	NA
	(v) whether standard manual for training is available?	NA
	(vi) any other information)	
8	Details of the accident occurred during the year	NA
	(i) Number of Accidents occurred	NA
	(ii) Number of the persons affected	NA
	(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 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?	NA
11	Is the disinfection method or sterilization meeting the log 4	NA



	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)

Certified that the above report is for the period from



Name and Signature of the Head of the Institution

Date: 9/7/2025
Place: Vasanas