

F. No. : SNH/ADMN/DPCC/05/2025/003


Dated January 25, 2025

To,
The Senior Scientific Officer,
Biomedical Management Cell,
Delhi Pollution Control Committee
Department of Environment (Govt. of NCT, Delhi)
6th Floor, ISBT Building,
Kashmeri Gate
New Delhi – 110006

Sub: Submission of Annual BMW Report

Dear Sir,

Enclosed please find Annual report on disposal of Bio-Medical Waste in respect of Sehgal Neo Hospital in the prescribed format (Form IV) for the period from 1st January, 2024 to 31st December, 2024 along with training records, NSI records, Minutes of Bio Medical Waste Management Committee for your perusal and records.



Ph. 45565656
B-362, B-Block, Meera Bagh, New Delhi
Sumita Saxena
General Manager – Operations

Encl. as above

Sumita Saxena
28/01/25
(ENQUIRY COUNTER)
DELHI POLLUTION CONTROL COMMITTEE
DEPARTMENT OF ENVIRONMENT
GOVT. OF NCT OF DELHI
4TH FLOOR, ISBT BUILDING,
KASHMERE GATE, DELHI-110006

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)]

| S.No. | Particulars | | |
|-------|---|---|--|
| 1. | Particulars of the Occupier | : | |
| | (i) Name of the authorized person (occupier or operator of facility) | : | Mrs. Abha Saxena |
| | (ii) Name of HCF or CBMWTF | : | Sehgal Neo Hospital |
| | (iii) Address for Correspondence | : | B-362,363,364 Meera Bagh Outer Ring Road Paschim Vihar, New Delhi - 110063 |
| | (iv) Address of Facility | : | B-362,363,364 Meera Bagh Outer Ring Road Paschim Vihar, New Delhi - 110063 |
| | (v) Tel. No, Fax. No | : | 011-45565656,45565600 |
| | (vi) E-mail ID | : | sehgalneohospital@gmail.com |
| | (vii) URL of Website | : | www.sehgalneohospital.com |
| | (viii) GPS coordinates of HCF or CBMWTF | : | Latitude: 28.658056 Longitude: 77.0892399 |
| | (ix) Ownership of HCF or CBMWTF | : | (State Government or Private or Semi Govt. or any other) Private |
| | (x) Status of Authorization under the Bio-Medical Waste (Management and Handling) Rules | : | Authorization No.: DPCC/BMW/AUTH/NEW NO/2022/81125511 Valid Up To: 09/06/2027 |

| S.No. | Particulars | | |
|-------|--|---|---|
| | (xi) Status of Consents under Water Act and Air Act | : | DPCC/CMC/2020/4873801 Valid up to 16/10/2025 |
| 2. | Type of Health Care Facility | : | |
| | (i) Bedded Hospital | : | No. of beds..100 Nos |
| | (ii) Non-bedded hospital (Clinic or Blood Bank or Clinical Laboratory or Research Institute or Veterinary Hospital or any other) | : | N/A |
| | (iii) License number and its date of expiry | : | DGHS/NH/701 Valid Up to : 31/03/2026 |
| 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 Kg per day |
| | (iv) Quantity of biomedical waste treated or disposed by CBMWTF | : | NA Kg/day |
| 4. | Quantity of waste generated or disposed in Kg per annum (on monthly average basis) (# <i>Interpretation – Month wise and Total Annual Quantity</i>) | : | Yellow Category: 632 KG Red Category: 640.43 KG White: 61.83 KG Blue Category : 189..90KG Total Waste Generated: 18290.261 KG General Solid waste: 17345.46 KG |
| 5. | Details of the Storage, treatment, transportation, processing and Disposal Facility # <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) & rest of the points are for the operator of common Bio-medical Waste treatment facility.</i> | | |

| S.No. | Particulars | | | | |
|-------|--|--|--|---|--|
| | (i) Details of the on-site storage facility | Size: H-8ft X 6ft X W-6ft | | | |
| | | Capacity: 200 kg | | | |
| | | Provision of on-site storage : (cold storage or any other provision) | | | |
| | (ii) Disposal facilities | Type of treatment equipment | No. of units | Capacity Kg/day | Quantity treated or disposed in kg per annum |
| | | Incinerators | | | NA |
| | | Plasma Pyrolysis | | | NA |
| | | Autoclaves | | | NA |
| | | Microwave | | | NA |
| | | Hydroclave | | | NA |
| | | Shredder | | | NA |
| | | Needle tip cutter or destroyer | | | NA |
| | | Sharps encapsulation or concrete pit | | | NA |
| | | Deep burial pits: | | | NA |
| | | Chemical disinfection: | | | NA |
| | | Any other treatment equipment: | | | NA |
| | | | (iii)Quantity of recyclable wastes sold to authorized recyclers after treatment in kg per annum. | Red Category (like plastic, glass etc.) NA | |
| | (iv)No 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 | | Quantity generated | Where disposed | |
| | | Incineration Ash | 20Kg/-Month | Use in Garden | |
| | | ETP Sludge | | | |
| | (vi) Name of the Common Bio-Medical Waste Treatment Facility Operator through which wastes are disposed of | S.M.S Water Grace Bio-Medical Waste Management PVT.LTD | | | |

| 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 (Minutes of Meeting Attached) |
| 7. | Details trainings conducted on BMW | |
| | (i) Number of trainings conducted on BMW Management. | 24 |
| | (ii) number of personnel trained | 288 (203 SNH+ 85 Contractual) |
| | (iii) number of personnel trained at the time of induction | 192 (135 SNH+ 57 Contractual) |
| | (iv) number of personnel not undergone any training so far | 06 (04 SNH +02 Contractual) |
| | (v) Whether standard manual for training is available? | Yes. (Bio Medical Waste Management) |
| | (vi) any other information) | NA |
| 8. | Details of the accident occurred during the year | NSI (Needle Stick Injury) |
| | (i) Number of Accidents occurred | 10 Minor |
| | (ii) Number of the persons affected | 0 |
| | (iii) Remedial Action taken (Please attach details if any) | List Attached |
| | (iv) Any Fatality occurred, details | 0 |
| 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 0 times Non Compliance |
| 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) |

Certified that the above report is for the period from 1 January.2024 to 31 December.2024.

Date: 25/01/2025

Place: New Delhi

Name and Signature of the Head of the Institution



ABHA SAXENA
Sr. General Manager-Operations
Sehgal Neo Hospital
Meera Bagh, New Delhi-63