

Through: Speed Post

To, The Member Secretary Uttar Pradesh Pollution Control Board Lucknow Uttar Pradesh

Date: 13/01/2025

Sub: Form IV Annual Report for Common Bio-Medical Waste Treatment facility for the Year 2024.

Dear Sir

Please find enclosed Annual Report for the year 2024 for Bio-Medical Waste Generation, Segregation Collection, Transportation, & Disposal with FORM IV duly for our CBWTF.

We assure you that we shall comply with all direction and regulation to operate the Bio Medical Waste Management Rules Guidelines and as advised by UPPCB authorities from time to time.

Dr. S.K. Srivastava

Yatharth Group of Hospitals

Sr. General Manager Legal & Compliance

Thanking you Regards

Brungy 13/01/2025

Dr. S.K. Srivastava Sr. General Manager Legal & Compliance

Yatharth Group of Hospitals

Contact: 8447685959

Email: sk.srivastava@yatharthhospitals.com

Encl: As above

C: Regional Office, UPPCB, Greater Noida

उ०प्रत प्रदूषण हायंत्रण कोई.

A Unit Of Yatharth Hospital & Trauma Care Services Ltd.

YATHARTH WELLNESS HOSPITAL AND TRAUMA CENTRE

NH-32 & H0-01 Sector Omega 1, Greater Nolda, Uttar Pradesh - 201308,India

🖈 admin@yatharthhospitals.com 🎕 www.yatharthhospitals.com

Home Collection Facility Available within 10 Km Call 8800550054





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)]

SI.	Particulars	T	
No.			
1.	Particulars of the Occupier	+.	
	(i) Name of the authorized person (occupier or	+:	Dr. Ajay Kumar Tyagi
	operator of facility)	:	Chairman & Managing Director
	· · · · · · · · · · · · · · · · · · ·		
	(ii) Name of HCF or CBMWTF	:	Yatharth Wellness Hospital & Trauma
			Centre (A unit of Yatharth Hospital & Trauma Care Services Limited)
	(iii) Address for Correspondence	 	NH-32, HO-01, Sector-Omega 1,
	•		Greater Noida U.P201308
	(iv) Address of Facility		NH-32, HO-01, Sector-Omega 1,
	(v)Tel. No, Fax. No		Greater Noida U.P201308
	(vi) E-mail ID	 :	9910373300
		:	ajaytyagi66@gmail.com
	(vii) URL of Website		NA
	(viii) GPS coordinates of HCF or CBMWTF		NA
	(ix) Ownership of HCF or CBMWTF	†:	(State Government or Private or
l			Semi Govt. or any other)
	(x). Status of Authorisation under the Bio-Medical	1:	Authorization No.: 14395737
	Waste (Management and Handling) Rules		valid up to 04/03/2028
			up to 0 1/05/2028
Γ	(xi). Status of Consents under Water Act and Air	 	Valid up to: Under Process for
	Act		Renewal
2.	Type of Health Care Facility	1:	
	(i) Bedded Hospital		No. of Beds: 400
	(ii) Non-bedded hospital		
	(ii) Non-bedded Hospital	: /	NA
-	(Clinic or Blood Bank or Clinical Laboratory or		
	Research Institute or Veterinary Hospital or any		
	other)	,	
-	(iii) License number and its date of expiry		NA
	Details of CBMWTF		NA
_	(i) Number 1 111 C III	:	
	CBMWTF ROUNTS COVERED BY	:	01
	(ii) No of beds covered by CBMWTF	:	400
	(iii) Installed treatment and disposal capacity of	•	NA
	CBMWTF:		INA



•	by CBMWTF				B			
	Quantity of waste generated or disposed	d in Kg per		:	Yellow Ca	ategory	:871.3	1 kg per mon
	annum (on monthly average basis)				Red Categ	ory:5	17.45 k	g per month
	Limited (controlling) are and go a many				White:660	kg per	month	
								g per month
								0 kg per mont
+	Details of the Storage, treatment, transp	sing a						
+	(i) Details of the on-site storage] :	Size: 192 Sq.ft					
	facility							
		Capacity: 1200 Kg						
			Provision of on-site storage : (cold storage or					
			any other provision)					
- 1	(ii) Details of the treatment or	:	Type	of tre	atment	No	Cap	Quantitya
	disposal facilities		equip	ment		of	cit	treated
						unit	у	r
						S	Kg/	disposed
							day	in kg per
					Tip.			annum
1	•		Incinerators Plasma Pyrolysis Autoclaves Microwave Hydroclave Shredder Needle tip cutter or					
	2.						W.	
						01	34 K	g 408 PA
						1		
	4				cutter or			
			destroyer					
			Sharp	S				
			encap	sulati	on or			
			concr	ete pit				
			Deep	buria	pits:			
			Chem	ical		th.		
			disinf	ection	:			
			Any of		reatment			
L		.	equip		9		*	
	iii) Quantity of recyclable wastes	:	Red Category (like plastic, glass etc.)					
S	old to authorized recyclers after		(mo plastic, glass cic.)					
tr	reatment in kg per annum.							
(i	iv) No of vehicles used for collection	:	01	,		ı		
1	nd transportation of biomedical							
W	vaste							
(v) Details of incineration ash and				Quant	:4		
1	ETP sludge generated and disposed	- 1			I Illont	171/	Wh	000

	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	:	
	(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 (MOM attached)
7	Details trainings conducted on BMW		
	(i) Number of trainings conducted on BMW Management.		75
	(ii) number of personnel trained		945
	(iii) number of personnel trained at the time of induction		980
	(iv) number of personnel not undergone any training so far	- 0	none
	(v) whether standard manual for training is available?		Yes
8	(vi) any other information) Details of the accident occurred during the year		Form 1 attached
	(i) Number of Accidents occurred		
	(ii) Number of the persons affected		
	(iii) Remedial Action taken (Please attach details if any)		
	(iv) Any Fatality occurred, details.		
9.	Are you meeting the standards of air Pollution from the incinerator? How many times in last year could not met		
	the standards?		
	Details of Continuous online emission monitoring systems installed		
10	Liquid waste generated and treatment methods in place. How many times you have not met the standards in a year?		
11	Is the disinfection method or sterilization meeting the log 4		



	standards? How many times you have not met the standards in a year?		
12	Any other relevant information	:	(Air Pollution Control Devices attached with the Incinerator)
1			

Certified that the above report is for the period from Januar	ary 2024 to December 2024.

~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	Juney 13/01/2025

Name and Signature of the Head of the Institution

Date: 13/01/2025
Place: Greater Noida



# FORM - I [See rule 4(0), 5(i) and 15(2)]

# ACCIDENT REPORTING

1.	Date and time of accident	:		NA	
2.	Type of Accident	:		NA	
3.	Sequence of events leading to accident	:		NA	
4.	Has the Authority of been informed immediately	:	e.	NA	
5.	The type of waste involved in accident	:		NA	
<b>Q</b> .	Assessment of the effects of the accidents on human health and the environment	: ·	•	NA	•
7.	Emergency measures taken	. <b>:</b>		NA	
8.	Steps taken to alleviate the effects of accidents	• •		NA	
9.	Steps taken to prevent the recurrence of such an accident	:		NA	
10.	Does you facility has Emergency Control policy? If yes, give details	? :		Yes	
Da Pla			Signature Designation	Baug n	13/01/201
				Dr. S.K. Srive Sr. General Manag	jer –

Yetharth Group of Hospitals





### UTTAR PRADESH POLLUTION CONTROL BOARD

TC-12V, Vibhuti Khand, Gomti Nagar, Lucknow-226010 Phone: 0522-2720828, 2720831 Fax: 0522-2720764 Email: info@uppeb.com Website: www.uppeb.com

### FORM III (See Rule 10) AUTHORISATION

(AUTHORISATION FOR OPERATING A FACILITY FOR COLLECTION, RECEPTION, TREATMENT, STORAGE, TRANSPORT AND DISPOSAL OF BIOMEDICAL WASTES)

- 1. File no. of authorisation and date of issue: No:- 14395737 and Date:-06/03/2023
- M/s YATHARTH WELLNESS HOSPITAL AND TRAUMA CENTRE, AJAY TYAGI an occupier or operator of the facility located at PLOT NO. NH-32, HO-01, SECTOR -OMEGA 1 GREATER NOIDA, GAUTAM BUDH NAGAR, 201308 is hereby granted an authorisation for:

Generation, segregation	Collection	
Storage	Transportation	<b>▼</b>
Reception	Use	· • • • • • • • • • • • • • • • • • • •
Recycling Packaging	Offering for sale Transfer	•
Treatment or Processing or Conversion	Disposal or destruction	<b>√</b>

### Any other form of handling

- M/s YATHARTH WELLNESS HOSPITAL AND TRAUMA CENTRE is hereby authorized for handling of biomedical waste as per the capacity given below:
  - (i) Number of beds of HCF: 400
  - (ii) Number of health care facilities covered by CBMWTF: NA
  - (iii) Installed treatment and disposal capacity: NA
  - (iv) Area or distance covered by CBMWTF: NA
  - (v) Quantity of Biomedical waste handled, treated or disposed: 100 KG/Day

4.1. The authorization shall be valid for till 04/03/2028

5. This authorisation is subject to the conditions stated below and to such other conditions as may be specified in the rules for the time being in force under the Environment (Protection) Act, 1986

### Terms and Conditions of Authorisation

- 1. The authorisation shall comply with the provisions of the Environment (Protection) Act, 1986 and the rules made there under.
- 2. The authorisation or its renewal shall be produced for inspection at the request of an officer authorised by the prescribed authority.
- 3. The person authorized shall not rent, lend, sell, transfer or otherwise transport the biomedical wastes without obtaining prior permission of the prescribed authority.
- 4. Any unauthorised change in personnel, equipment or working conditions as mentioned in the application by the person authorised shall constitute a breach of his authorisation.
- 5. It is the duty of the authorised person to take prior permission of the prescribed authority to close down the facility and such other terms and conditions may be stipulated by the prescribed authority.
- 6. The Unit will file the renewal application at least 2 months prior to the expiry of this Order

### Specific Conditions:

- 1. The authorized Unit/Entity/Institute shall comply with the provisions of the Environment (Protection) Act, 1986 and the rules made there under.
- 2. The authorized person shall comply with provisions of Bio Medical Waste Rules, 2016 (as amended).
- 3. The authorized person shall comply with the orders passed by Hon'ble NGT and Hon'ble High Court.
- 4. This authorization is valid for Generation, Segregation, Collection, Storage (Temporary), Packaging and Disposal of Bio Medical Waste Through CBWTF. The Category and Quantity of BMW waste generated in HCF is mentioned as above.

Memo No.: 14395737

Dated:06/03/2023

Copy To:

Regional Officer, UPPCB, Greater Noida.

VIVEK Digital BOY

Digitally signed by VIVEK ROY Date: 2023.03.06 18:00:23 +05'30'

> Vivek Roy CEO-1





# INDIA NON JUDICIAL



# **Government of Uttar Pradesh**

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Unique Doc. Reference

SUBIN-UPUP1407230440622020366310W

Purchased by

ENVIRON WASTE CONNECTIONS LLP

Description of Document

Article 5 Agreement or Memorandum of an agreement

**Property Description** 

Not Applicable

Consideration Price (Rs.)

First Party Second Party

**ENVIRON WASTE CONNECTIONS LLP** Not Applicable

Stamp Duty Paid By

**ENVIRON WASTE CONNECTIONS LLP** 

Stamp Duty Amount(Rs.)

(Ten only)



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**AMIT** 

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e-Stamp Certificate No.: IN-UP21877531629052W

# Renewal of AGREEMENT

That the previous agreement executed on 10thDecember,2023, is renewed on 09th December,2024 and shall be valid only when endorsed through a SEAL of Environ Waste Connections LLP.

#### BY AND BETWEEN

M/s Environ Waste Connections LLP, (hereinafter referred to as "Service Provider")having its Registered office at D-27/1, Street No.-9, Near 30 Feet Road, Johripur Extn., Delhi-110094 and Plant address at: BN: 102-104, Phase -III, UPSIDC, M.G. Road Indl. Area, Ghaziabad-Hapur UP-201015, duly represented by - Director or its representative.

#### AND

Name of Health Care Establishment (HCE) - Yatharth Wellness Hospital & Trauma Centre (A unit of Yatharth Hospital & Trauma Care Services Limited)

(Hereinafter referred to as "Waste Generator")

Full Address- NH-32, HO-01, Sector-Omega-1, Greater Noida - 201308

Authorized Representative of Waste Generator: - Dr. Ajay Kumar Tyagi

Designation: -(Owner)

Contact No- 9650063698

Email Id:- ajaytyagi66@gmail.com

WHEREAS the "Service Provider" has been selected and duly authorized by U.P. State Pollution Control Board(UPSPCB) under the provisions of BMW Rules for providing services of the collection, transportation, storage, treatment and disposal of Bio-Medical Waste.

AND WHEREAS WASTE GENERATOR is desirous to outsource the disposal of Bio-Medical Waste generated by them and have approached "Service provider" for providing its services at its treatment facility located at BN: 102-104, Phase-III, UPSIDC, MG Road Indl.Area, Ghaziabad-Hapur, U.P.-201015.

And both the parties are agreed to enter this agreement on the terms and conditions narrated hereinafter.

NOW THIS INDENTURE WITNESS ETH and it is hereby covenant as follows:

# Validity of the Agreement:

This agreement shall remain in force for a period of One (01) Yearw.e.f. 10/12/2024 to 09/12/2025 (both days are inclusive) and can be further renewed with mutual consent of both the parties.

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### Responsibilities of the "Service Provider":

- 1. "Service Provider" shall meet all the rules and regulations as stipulated by the SPCB And "Service Provider" alone is liable for any violation of the Environment (Protection) Act 1986 and the relevant rules made there under, after collection of BMW from the GENERATOR.
- 2. "Service Provider" shall collect the segregated bio-medical waste from the identified common waste collection point within the premises of GENERATOR on daily basis. "Service Provider "shall provide assistance to finalize the pick-up location to the GENERATOR. The GENERATOR shall be fully responsible for keeping the BMW under lock and key and protecting it from any sort of mishandling before it is handed over to any authorized person of Service Provider.
- 3. Service Provider shall schedule the timings for collecting the waste in consultation with the GENERATOR. In case "Service Provider" fails to collect the BMW within a time frame of 24 hours of the designated time due to any reason, the GENERATOR shall inform "Service Provider", who shall ensure to collect the BMW from the premises of the GENERATOR within the next24 hours of the intimation.
- 4. "Service Provider" shall transport the segregated waste in closed container vehicle to it treatment facility in enclosed bins.
- 5. On the written request of the GENERATOR, "Service Provider" shall undertake top provide/educate the generator and its staff, at no extra cost, the initial training about these segregation /method of collection of BMW in designated color coded plastic bags.
- 6. "Service Provider" shall not be held liable for any kind of the violation made by the generator / or its staff under the Service Providerment (Protection) Act 1986 or any similar regulations/norms.
- 7. "Service Provider" shall be responsible for appropriate treatment and shredding of disinfected waste at the centralized facility as per Schedule-1 of the BMW Rules 2016.
- 8. "Service Provider" shall be responsible for the disposal of treated waste into secured landfills or in recycling plants as applicable.

### Responsibilities of the "Waste Generator":

- 1. The WASTE GENERATOR shall segregate the waste at the point of generation in accordance with the BMW Rules 2016 and in compliance with the standards prescribed the reunder.
- 2. The WASTE GENERATOR shall collect and hand over the segregated BMW in plastic bags as stipulated by the State Pollution Control Board (SPCB) norms.
- 3. All consumables like bags, needle cutters, disinfectants etc. shall be procured by the WASTE GENERATOR at its own cost.
- 4. All the bags shall be sealed tightly and labeled as per the rule by the WASTE GENERATOR and "Service Provider" will collect the sealed bags only from a secured designated point within the premises of the WASTE GENERATOR.

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- 5. The WASTE GENERATOR shall disinfect the sharps, mutilate them and hand over in Puncture Proof Containers to "Service Provider".
- 6. The WASTE GENERATOR shall take all steps to ensure that the waste is handled without adverse effects to human health and Service Providerment.
- 7. The WASTE GENERATOR shall establish a common secured waste collection point within its premises for collection and handing over to "Service Provider".
- 8. The WASTE GENERATOR shall furnish annual report on "Form-IV" regarding generation, collection and storage of Bio-Medical wastes in the prescribed format to State Pollution Control Board.
- 9. The WASTE GENERATOR shall maintain all the relevant records and make reports of the accidents to SPCB, if any, on "Form-I" as prescribed under the rules.
- 10. The WASTE GENERATOR shall designate a "Nodal Officer" to interact with "Service Provider".
- 11. The Bio-Medical Waste handed over by the WASTE GENERATOR may be checked and suggestions, if needed, may be provided for improvement in the segregation of waste by "Service Provider".
- 12. The WASTE GENERATOR shall obtain authorization from the State Pollution Control Board.
- 13. The WASTE GENERATOR shall be solely responsible for the number of beds being declared to "Service Provider", which must be same for which the authorization is obtained from State Pollution Control Board. The WASTE GENERATOR shall inform "Service Provider" and SPCB within 7days about any change in the number of beds. Service Provider shall not be responsible for any under/over declaration by WASTE GENERATOR on this account.

### Terms & Conditions:s

- 1. The WASTE GENERATOR shall pay One Time Non-Refundable Membership Registration Fee of Rs. NIL/-.
- 2. The WASTE GENERATOR shall pay amount equal to NIL months of service charges as refundable / adjustable security deposit.
- 3. Service Provider shall charge Rs. 32,000/-(Rupees Thirty Two Thousand Only) Per Month and GST Exclusive @12% or as Applicable will be charge on Fixed Charges. Whereas it is principle agreed in between service provider and Waste generator that apart from this if waste generator will demand for service he will pay extra @Rs.NIL/- and GST @ NIL% as per applicable per service.
- 4. Service Provider shall charge Rs. 35840 /-(Rupees 35840/- Only) and GST @ % or as Applicable per Month, from date lolla 2024
  Rs.35849 all Includes (Rupees .......) per month, For the service of collection, transportation, treatment & disposal of BMW, subject to the condition of maximum weight limit of 3000 KG per month. The quantity of waste over &above the limit shall be charged @ Rs.10 Along with the GSTs as applicable. The service charges mention herein is applicable for the declared capacity of 400 beds only.

5. The above rates shall be increased annually by 10% on previous year's rates.

AMIT KUMAR LALL Date: 2024,12.11

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- 6. The no. of beds as well as quantity of waste shall be reviewed annually. The agreement may be amended suitably, if required.
- 7. If the Waste Generator by virtue of any reason fails to make the payment within 30 days of submission of bills, "Service Provider" shall charge a late payment fee of Rs. 100 per day.
- 8. Service Provider would be at liberty to serve the notice of termination of agreement/suspension of services offered at any time to the WASTE GENERATOR if the WASTE GENERATOR fails to make the payment to "Service Provider" within a time frame of 3 months from the date on which they became so payable.
- 9. In the case of the termination of the agreement by virtue of applicability of Para 6 above the security deposit/ advance paid by the WASTE GENERATOR shall stand forfeited without impacting the original claim of the "Service Provider".
- 10. All payments shall be made through crossed a/c payee demand draft or cheque, favoring "Environ Waste Connections LLP" only.
- 11. All bounced cheques shall be charged @ Rs. 590/- extra in addition to the actual bank charges.
- 12. The jurisdiction of Court in all disputes would be the place of registered office of Service Provider only.

### **Termination Clause**

Both the parties would be at liberty to terminate this contract by serving a notice of 3 Months well in advance or alternately compensating the other party by an amount equal to the average of 3 month billing.

IN WITNESS WHEREOF, this Agreement has been executed by the Parties here to on the day and year first above written.

Signed and Delivered by:

For and on behalf of "Service Provider "For and on behalf of "Waste Generator"

Digitally signed by Sign: AMIT AMIT KUMAR LALL

KUMAR LALL Date: 2024,12.11 15:29:24 +05'30'

Name: -Amit Kumar Lall

Designation:-G.M

Sign: I faller

Name: Pankry farbhaka

Designation: legroup C PO

