

MSSH/N-110/

June 10th. 2025

To,
The Environmental Engineer (WMC-1)
Delhi Pollution Control Committee,
Department of Environment (Govt. Of NCT of Delhi)
4th Floor ISBT building Kashmiri gate
Delhi-110006

Subject : Submission of annual return of Bio-medical waste as Form-IV for the period of Jan'24 to Dec'24

Sir,

We are enclosing herewith annual return in Form-IV pertaining to generation and disposal of Bio-Medical Waste at our hospital, Max Multi Specialty Centre (a unit of Max Healthcare Institute Ltd.) N-110 Panchsheel Park, New Delhi-110017 for the period from 01.01.2024 to 31.12.2024.

We are also enclosing herewith original Yearly Collection Report for the year 2024, issued by Biotic Waste Solutions Private Ltd.

Sincere Regards

Max Multi Specialty Centre


Dr Ashish Tripathi
General Manager - Hospital Operations

ali 11/06/25
(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	Dr. Ashish Tripathi																																								
	(i) Name of the authorised person (occupier or operator of facility)	Max Multi Specialty Centre (A Unit of Max Healthcare Institute Ltd.)																																								
	(ii) Name of HCF or CBMWTF	N-110 Panchsheel Park New Delhi-110017																																								
	(iii) Address for Correspondence	N-110 Panchsheel Park New Delhi-110017																																								
	(iv) Address of Facility	011- 46097200																																								
	(v) Tel. No, Fax. No	Manvendra.singh@maxhealthcare.com																																								
	(vi) E-mail ID	www.maxhealthcare.in																																								
	(vii) URL of Website	Latitude:- 28.5435° N, Longitude: 77.2144° E																																								
	(viii) GPS coordinates of HCF or CBMWTF	Private Hospital																																								
	(ix) Ownership of HCF or CBMWTF	Authorisation No. DPCC/(11)(5)(01)/2022/BMW/NST/AUTH/8056598 Valid Up to 28/07/2027.																																								
	(x) Status of Authorisation under the Bio-Medical Waste (Management and Handling) Rules	N.A.																																								
	(xi) Status of Consent under Water Act and Air Act																																									
2.	Type of Health Care Facility	No. of Beds : 7 (Day Care)																																								
	(i) Bedded Hospital	Nil																																								
	(ii) Non-bedded hospital (Clinic or Blood Bank or Clinical Laboratory or Research Institute or Veterinary Hospital or any other)																																									
	(iii) License number and its date of expiry	463, 31 March 2026.																																								
3.	Details of CBMWTF	Not Applicable																																								
	(i) Number healthcare facilities covered by CBMWTF	Not Applicable																																								
	(ii) No of beds covered by CBMWTF	Not Applicable																																								
	(iii) Installed treatment and disposal capacity of CBMWTF	Not Applicable																																								
	(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 : 671.76 Red Category : 840.96 White: 442.45 Blue Category : 471.72 General Solid waste: 8478																																								
5.	Details of the Storage, treatment, transportation, processing and Disposal Facility																																									
	(i) Details of the on-site storage facility	Size : 7x8 Capacity : Provision of on-site storage : (cold storage or any other provision)																																								
	(ii) Details of the treatment or disposal facilities	<table border="1"> <thead> <tr> <th>Type of treatment equipment</th><th>No of units</th><th>Capacity Kg/day</th><th>Quantity treated or disposed in kg per annum</th></tr> </thead> <tbody> <tr><td>Incinerators</td><td>N/A</td><td></td><td></td></tr> <tr><td>Plasma Paralysis</td><td>N/A</td><td></td><td></td></tr> <tr><td>Autoclaves</td><td>N/A</td><td></td><td></td></tr> <tr><td>Microwave</td><td>N/A</td><td></td><td></td></tr> <tr><td>Hydro lave</td><td>N/A</td><td></td><td></td></tr> <tr><td>Shredder</td><td>N/A</td><td></td><td></td></tr> <tr><td>Needle tip cutter or destroyer</td><td>N/A</td><td></td><td></td></tr> <tr><td>Sharps encapsulation or concrete pit</td><td>N/A</td><td></td><td></td></tr> <tr><td>Deep burial pits:</td><td>N/A</td><td></td><td></td></tr> </tbody> </table>	Type of treatment equipment	No of units	Capacity Kg/day	Quantity treated or disposed in kg per annum	Incinerators	N/A			Plasma Paralysis	N/A			Autoclaves	N/A			Microwave	N/A			Hydro lave	N/A			Shredder	N/A			Needle tip cutter or destroyer	N/A			Sharps encapsulation or concrete pit	N/A			Deep burial pits:	N/A		
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Sharps encapsulation or concrete pit	N/A																																									
Deep burial pits:	N/A																																									

	(iii) Quantity of recyclable wastes sold to authorized recyclers after treatment in kg per annum.	Red Category (like plastic, glass etc.) Nil		
	(iv) No of vehicles used for collection and transportation of biomedical waste	1		
	(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	N.A	
		Ash	N.A	
		ETP Sludge	N.A	
	(vi) Name of the Common Bio Medical Waste Treatment Facility Operator through which wastes are disposed of	Biotic Waste Solution Pvt. Ltd		
	(vii) List of member HCF not handed over bio-medical waste	Not Applicable		
6.	Do you have bio-medical waste management committee? If yes, attach minutes of the meetings held during the reporting period	Yes		
7.	Details trainings conducted on BMW	23		
	(i) Number of trainings conducted on BMW Management.	139		
	(ii) Number of personnel trained	10		
	(iii) Number of personnel trained at the time of induction	NIL		
	(iv) Number of personnel not undergone any training so far	YES		
	(v) Whether standard manual for training is available?	Nil		
	(vi) Any other information	Nil		
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)	Nil		
	(iv) Any Fatality occurred, details.	N.A		
9.	Are you meeting the standards of air Pollution from the incinerator? How many times in last year could not met the standards?	N.A		
10.	Details of Continuous online emission monitoring systems installed	N.A		
11.	Liquid waste generated and treatment methods in place. How many times you have not met the standards in a year?	Nil		
12.	Is the disinfection method or sterilization meeting the log 4 standards? How many times you have not met the standards in a year?	NIL		
13.	Any other relevant information.			

Certified that the above report is for the period from 01.01.2024 to 31.12.2024.

Name and Signature of the Head of the Institution

Date: 10/06/2025
Place: Delhi

For Max Multi Speciality Centre

Dr. Ashish Tripathi





ANNUAL REPORT 2024

HCF NAME: - MAX MULTI SPECIALITY CENTER (PANCHSHEEL PARK)

Address: - N-110, PANCSHEEL PARK, DELHI

Unique Id:- 2238

Months	Yellow (Kgs)	Red (Kgs)	White Sharp(Kgs)	Blue (Kgs)	Cytotoxic (Kgs)	Total (Kgs)
Jan-24	061.130	088.631	039.150	053.785	000.000	242.700
Feb-24	053.506	069.502	034.062	040.336	000.000	197.410
Mar-24	058.225	077.665	035.723	038.044	000.000	209.660
April-24	061.533	083.480	036.153	040.267	000.000	221.430
May-24	065.267	088.636	039.815	042.515	000.000	236.250
June-24	058.397	076.814	035.052	034.322	000.000	204.580
July-24	059.987	063.729	036.495	037.128	000.000	197.350
Aug-24	050.566	058.753	037.134	035.397	000.000	181.850
Sept-24	044.367	056.026	033.153	036.088	000.000	169.640
Oct-24	047.124	056.097	037.714	038.157	000.000	179.090
Nov-24	053.078	060.882	037.963	038.648	000.000	190.570
Dec-24	058.580	060.749	040.043	037.035	000.000	196.410
Total	671.760	840.964	442.457	471.722	000.000	2426.940



Hospital Infection Control Committee Meeting

Date: 03-sept-2024

Attendees: Dr Monica, Dr Bansidhar tarai, Dr Manish rai, ekta, Sheetal, , Shivam, Dr. Rohit, Achal ,Sajid, Mary, Sandesh

S No	Points discussed	Responsibility	Timeline/comments
1	The MOM of the last committee were reviewed for closures - Discussion about hand hygiene - SSI register reviewed		All points are closed - Handhygiene training provided to all department. - Care bundle SSI is maintained
2	The quality indicators of infection control were discussed	Sheetal/ekta	No NSI,SSI reported .Hand hygiene compliance 89%
3	Usage of crocs and OT gowns for all dental doctors and assistant.	Sajid	On progress
4.	Training on handhygiene , biomedical waste management	ekta	Hand hygiene and BWM audit and training on progress

monica mahajan

Dulip

Bansi

Dr. manish rai

Sajid

Achal

Shivam

Sheetal

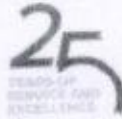
Ekta

Sandesh

Mary



MAX
Healthcare



Date- 10th June 2025

To,

The Environmental Engineer (WMC-1)
Delhi Pollution Control Committee,
Department of Environment (Govt. Of NCT of Delhi)
4th Floor ISBT building Kasmiri gate
Delhi-110006

Subject – Accident nil report as Form-1.

Dear Sir/ Madam,

We are enclosing herewith accident nil report in form -1 pertaining to generation and disposal of Bio- medical waste at out hospital, ax Multi Specialty Centre (a unit of Max Healthcare Institute Ltd.) N-110 Panchsheel Park, New Delhi-110017 for the period from 01.01.2024 to 31.12.2024.

Sincere Regards

Max Multi Specialty Centre

Dr Ashish Tripathi
General Manager - Hospital Operations



11/06/25
ENQUIRY COUNTER
DELHI POLLUTION CONTROL COMMITTEE
DEPARTMENT OF ENVIRONMENT
GOVT. OF NCT OF DELHI
4TH FLOOR, ISBT BUILDING,
KASHMERE GATE, DELHI-110006

FORM - I

[(See rule 4(o), 5(i) and 15 (2))]

ACCIDENT REPORTING

1. Date and time of accident: Nil
2. Type of Accident: Nil
3. Sequence of events leading to accident: N/A
4. Has the Authority been informed immediately: N/A
5. The type of waste involved in accident: N/A
6. Assessment of the effects of the
Accidents on human health and the environment: N/A
7. Emergency measures taken: N/A
8. Steps taken to alleviate the effects of accidents: N/A
9. Steps taken to prevent the recurrence of such an accident: N/A
10. Does your facility have an Emergency Control policy? If yes give details: Yes

Date: 10th June 2025

Place: New Delhi

Signature

Designation

