

April 1, 2025

BLK/SDO&P/2025/APR/01

Senior Environment Engineer
WMC-1, DPCC
Dept. of Environment,
4th & 5th Floor, ISBT Building
Kashmere Gate
Delhi-110 006.

Ashy
7/04/25
(ENQUIRY COUNTER)
DELHI POLLUTION CONTROL COMMITTEE
DEPARTMENT OF ENVIRONMENT
GOVT. OF NCT OF DELHI
4TH FLOOR, ISBT BUILDING,
KASHMERE GATE, DELHI-110006

Dear Sir,

Sub: Submission of monthly report of Bio-Medical Waste-Max Lab

Please find enclosed the monthly report of Bio-Medical Waste (including Covid Waste) maintained by the Healthcare establishment namely MAX Lab developed by Max Healthcare Institute Limited situated at 2/8, First, Second & Third Floor, East Patel Nagar, New Delhi-110008.

For Max Healthcare Institute Limited


Dr. Mradul Kaushik
Sr. Director Operations & Planning

Dr. Mradul Kaushik
Sr. Director Operations & Planning
Dr. B.L. Kapur Memorial Hospital
Pusa Road, New Delhi-110005

Encls: As Above

*Dingelwalldt
15/04/25*

Max Healthcare Institute Limited

Corp Office: 2nd Floor, Capital Cyberscape,
Sector - 59, Golf Course Extension Road,
Gurugram - 122102, Haryana
T: +91-124-620 7777

www.maxhealthcare.in

Max Healthcare Institute Limited

Regd. Office: 401, 4th Floor, Man Excellenza, S. V. Road,
Vile Parle (West), Mumbai, Maharashtra - 400 056
T: +91-22 2610 0461/62

E: secretarial@maxhealthcare.com, investors@maxhealthcare.com

(CIN: L72200MH2001PLC322854)

**Form- A Monthly Report to be Maintained By Health Care Establishments (HCES)
(HCES Sending their entire BIO-MEDICAL Waste to CBWTFs)**

Month - March - 2025

Date - 1/4/2025

1. Name of the Institute :- Max Lab developed by Max Healthcare Institute Limited situated at 2/8, First, Second & Third Floor, East Patel Nagar, Delhi -8

2. a) Total No. Of Beds: Nil

b) Average Occupancy for the Month : N/A

3. No. of generation Point

a) Total No. of OPD :- Nil

4. Number of Yellow bags sent for incineration (along with their weight) to CBWTF :

YELLOW WASTE (NON COVID)		YELLOW WASTE (COVID)		TOTAL YELLOW WASTE (COVID & NON COVID)	
No. of Bags	Weight	No. of Bags	Weight	No. of Bags	Weight
25	217.70	0	0.00	25	217.70

5. Number of Red bags sent for shredding and autoclaving (along with their weight) to CBWTF :

RED WASTE (NON COVID)		RED WASTE (COVID)		TOTAL RED WASTE (COVID & NON COVID)	
No. of Bags	Weight	No. of Bags	Weight	No. of Bags	Weight
57	494.70	0	0	57	494.70

6. (i) Number of Blue Cardboard box sent for autoclaving (along with their weight) to CBWTF:

BLUE WASTE (NON COVID)		BLUE WASTE (COVID)		TOTAL BLUE WASTE (COVID & NON COVID)	
No. of Bags	Weight	No. of Bags	Weight	No. of Bags	Weight
10	99.20	0	0.00	0	99.20

(ii) Quantity of White Puncture Proof Container generated and sent to CBWTFs (IN KG)

WHITE WASTE (NON COVID)		WHITE WASTE (COVID)		TOTAL WHITE WASTE (COVID & NON COVID)	
No. of Bags	Weight	No. of Bags	Weight	No. of Bags	Weight
4	3.10	0	0.00	4	3.10

7. YELLOW CYTOTOXIC WASTE:-

CYTOTOXIC WASTE (NON COVID)		CYTO TOXIC WASTE (COVID)		TOTAL CYTOTOXIC WASTE (COVID & NON COVID)	
No. of Bags	Weight	No. of Bags	Weight	No. of Bags	Weight
0	0	0	0	0	0

8. Name of CBWTF operator with whom agreement made :-
BIOTIC Waste Solutions Private Limited.

9. Validity of agreement with CBWTF :- 01.04.2024 TO 31.03.2025

Signature with Date:

Name and Designation:-
Mr. Jitender Sharma
Head- Hospital operations



MAX
Healthcare

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BLK/SDO&P/2025/APR/02

Senior Environment Engineer
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Ashu 7104125
(ENQUIRY COUNTER)
DELHI POLLUTION CONTROL COMMITTEE
DEPARTMENT OF ENVIRONMENT
GOVT. OF NCT OF DELHI
4TH FLOOR, ISBT BUILDING,
KASHMERE GATE, DELHI-110006

Dear Sir,

Sub: Submission of monthly record of Accident reporting in Form I-MAX Lab

Please find enclosed herewith report of Accident reporting in Form I at MAX Lab developed by Max Healthcare Institute Limited situated at 2/8, First, Second & Third Floor, East Patel Nagar, New Delhi – 110008.

For Max Healthcare Institute Limited

Dr. Mradul Kaushik
Sr. Director Operations & Planning

Dr. Mradul Kaushik
Sr. Director Operations & Planning
Dr. B. L. Mehta Memorial Hospital
Phase II New Delhi- 110005

Encls: As Above

*Registered
15/4/25*

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FORM I
[[See rules 4(o), 5(i) and 15(2)]]
ACCIDENT REPORTING

1	Date and time of accident	Date :- N/A Time :- N/A
2	Type of Accident	Needle Stick injury
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 and health and the environment	N/A
7	Emergency measures taken	N/A
8	Steps taken to alleviate the effects 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	N/A

Signature : *Durga Nand Prasad*
Name : Durga Nand Prasad

Designation : Manager

Date :

Place : *New Delhi*

Signature : *Dr. Atish Sinha*
Name : Dr. Atish Sinha

Designation : Medical Superintendent