

20th April 2024

Delhi Pollution Control Committee
4th floor, ISBT Main Building
Kashmere Gate
Delhi-110006

Subject: Annual Report

Dear Sir,

We are enclosing herewith Annual Report in form IV & Form V pertaining and disposal of bio medical waste at Max Super Specialty hospital (A unit of Max Healthcare Institute Ltd.,) FC-50, C&D Block, Shalimar Bagh, Delhi – 110088 for the period from 01.01.2023 to 31.12.2023.

We are also enclosing herewith original yearly collection report for the year 2023 issued by biotic waste solutions Pvt. Ltd.

Thanks

Yours Faithfully,

Bobby Hughes
For Max Super Specialty Hospital

(A unit of Max Healthcare Institute limited)

Enclosed:

1. HIC MOM
2. Approval for 402 beds
3. Monthly BMW records
4. Biotic Waste collection records
5. Authorization under Bio Medical waste management
6. Staff Training records

Max Super Specialty Hospital, Shalimar Bagh
FC - 50, C & D Block, Shalimar Bagh,
New Delhi - 110 088
For medical service queries or appointments,
call: +91-11-6642 2222, 7194 1000
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
(CIN: L72200MH2001PLC322854)



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 authorised person (occupier or operator of facility)	: Bobby Verghese
	(ii) Name of HCF or CBMWTF	: Max Healthcare Instituted LTD
	(iii) Address for Correspondence	: FC-50,C&D Block , Shalimar Bagh
	(iv) Address of Facility	: FC-50,C&D Block , Shalimar Bagh
	(v) Tel. No, Fax. No	: 49782222
	(vi) E-mail ID	: ramachandran@maxhealthcare.com
	(vii) URL of Website	: www.maxhealthcare.com
	(viii) GPS coordinates of HCF or CBMWTF	: 28.727711 & 77.152715
	(ix) Ownership of HCF or CBMWTF	: Private Hospital
	(x) Status of Authorisation under the Bio-Medical Waste (Management and Handling) Rules	: Authorisation No.-No: ... DPCC/(11)(5)(01)/2023/BMW/NST/AUTH/ 89339246U Valid up to: 02/04/2028
	• Status of Consents under Water Act, Air Act & HMW Act	: DPCC/CMC/2023/9292629 Valid up to: 23/03/2028
2.	Type of Health Care Facility	:
	(i) Bedded Hospital	: No. Of Bed: 402
	(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	: DGHS/NH/965 VALID UP TO 31.03.2020(Renewal applied copy attached)
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
	(iv) Quantity of biomedical waste treated or disposed by CBMWTF	: Kg/day
4.	Quantity of waste generated or disposed in Kg per annum (on monthly average basis)	: Yellow Category: 47046.03kg Red Category: 46751.74kg White: 5396.92 kg Blue Category: 7614.01 kg General Solid waste: 95803kgs
5.	Details of the Storage, treatment, transportation, processing and Disposal Facility	:
	(i) Details of the on-site storage facility	: Size: 22x12 SQ FT 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</th> <th>Quantity treated or disposed in kg per annum</th> </tr> </thead> <tbody> <tr><td>Incinerators</td><td></td><td></td><td></td></tr> <tr><td>Plasma Pyrolysis</td><td></td><td></td><td></td></tr> <tr><td>Autoclaves</td><td>2</td><td>129 ltr Each</td><td></td></tr> <tr><td>Microwave</td><td></td><td></td><td></td></tr> <tr><td>Hydro lave</td><td></td><td></td><td></td></tr> <tr><td>Shredder</td><td></td><td></td><td></td></tr> <tr><td>Needle tip cutter or destroyer</td><td></td><td></td><td></td></tr> <tr><td>Sharps encapsulation or concrete pit</td><td></td><td></td><td></td></tr> <tr><td>Deep burial pits: Chemical disinfection</td><td></td><td></td><td></td></tr> <tr><td>Any other treatment equipment</td><td>1</td><td>12 KLD</td><td></td></tr> </tbody> </table>	Type of treatment equipment	No of units	Capacity Kg	Quantity treated or disposed in kg per annum	Incinerators				Plasma Pyrolysis				Autoclaves	2	129 ltr Each		Microwave				Hydro lave				Shredder				Needle tip cutter or destroyer				Sharps encapsulation or concrete pit				Deep burial pits: Chemical disinfection				Any other treatment equipment	1	12 KLD	
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	(iii) Quantity of recyclable wastes sold to authorize recyclers after treatment in kg per annum.	Red Category (like Plastic , Glass , Etc.) N/A																																												
	(iv) No of vehicles used for collection and transportation of biomedical waste	DL1LS6674																																												
	(v) Details of incineration ash and ETP sludge generated and disposed during the treatment of wastes in Kg per annum	<table border="1"> <thead> <tr> <th></th> <th>Quantity generated</th> <th>Where disposed</th> </tr> </thead> <tbody> <tr><td>Incineration</td><td>N/A</td><td>N/A</td></tr> <tr><td>Ash</td><td>N/A</td><td>N/A</td></tr> <tr><td>ETP Sludge</td><td>20.88</td><td>Biotic waste management solution ltd.</td></tr> </tbody> </table>		Quantity generated	Where disposed	Incineration	N/A	N/A	Ash	N/A	N/A	ETP Sludge	20.88	Biotic waste management solution ltd.																																
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	(vi) Name of the Common Biomedical Waste Treatment Facility Operator through which wastes are disposed of	Biotic waste management solution ltd.																																												
	(vii) List of member HCF not handed over bio-medical waste	N/A																																												
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 is attached																																												
7.	Details trainings conducted on BMW																																													
	(i) Number of trainings conducted on BMW Management.	46																																												
	(ii) Number of personnel trained	320																																												
	(iii) Number of personnel trained at the time of induction	315																																												
	(iv) Number of personnel not undergone any training so far	Nil																																												
	(v) Whether standard manual for training is available?	Yes																																												
	(vi) Any other information	Nil																																												
8.	Details of the accident occurred during the year																																													
	(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.	:	NIL
9.	Are you meeting the standards of air Pollution from the incinerator? How many times in last year could not met the standards?	:	Not applicable
10.	Details of Continuous online emission monitoring systems installed	:	Not applicable
11.	Liquid waste generated and treatment methods in place. How many times you have not met the standards in a year?	:	Yes All parameters are with in norms
12.	Is the disinfection method or sterilization meeting the log 4 standards? How many times you have not met the standards in a year?	:	Yes,
13.	Any other relevant information.	:	N/A

Certified that the above report is for the period from 01.01.2023 to 31.12.2023.


Mr. Bobby Verghese

Name and Signature of the Head of the Institution

Date: 10/04/2024

Place: Max Shalimar Bagh

Minutes of previous meeting -29 Dec 2023

S.NO	Actionable Point	Actionable Point	Responsibility	Timeline	Status
1.	Opening Meeting	The ICN opened the meeting with greetings.	ICN		Done
2.	Relocate Treatment room	It was discussed in the meeting that the treatment room was too small for dressing, and due to this, we were unable to maintain sterility while dressing. Dr. KK Trahan suggested that orthopedic dressing should be done in a separate treatment room, and the dirty, contaminated dressing should be in a separate room. With this practice, we can easily prevent cross-contamination.	GM Operation	3 Month 30 th April 2024	Open
3.	Fumigation	During discussion, it was discussed that fumigation was not necessary and environmental surveillance culture should be sent to monitor the growth of micro-organism in order to ensure deep cleaning before and after patient admission.	ICN	Immediate effect	Closed
3.	Vaccination	The necessity of HbsAg titers for everyone was discussed throughout the discussion. As per the immunization policy, titer requirements should be specified	ICN	As per policy not mandatory	Closed
4.	Discourage uses of Cidex in the OT	As per CICC MOM, reduce/stop using OPA Cidex in the OT; we need to buy more scopes and instruments to maintain sterility	BME	On going	Open
5.	Bio-medical waste management	It was discussed in the meeting that from now onwards, we will discuss all the relevant points and finding of biomedical waste management in the HICC meeting.	HK HOD	Done	Closed

Minutes of Meeting

Forum: Hospital Infection Control Committee

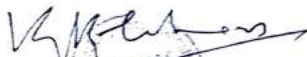
Date: 15 Nov 2023

Venue: 4th Floor, Seminar Room – 2

Chairperson: DR. K.K.Trehan

Participants: Dr. K.K. Trehan, Dr. Shakti Jain, Dr. Girija Yadav, Dr Puneet Sharma, Dr Vikram Shah, Dr Seema Jain, Dr Saurabh, Dr Mariya, Dr Shivani Sabharwal, Dr. Shivani, Ms. Padma Jaiprakash, Mr. Rajneesh, Dr Shweta, Mr. Anil Rawat , Mr. Charanjeet, Ms. Vaishali Sharma, Ms. Ankita Chaudhari, Mr. Brijesh

Apologies: Mr. Bobby Varghese, Dr. Shailesh Jain, Dr. Pankaj, Dr. I.M. Chugh.




S.NO	Actionable Point	Actionable Point	Responsibility	Status
1.	Opening Meeting	The ICN opened the meeting with greetings.	ICN	Done
2.	Foleys Insertion	It has been discussed in the meeting that if staff are struggling with difficult catheterization, they should seek help from the seniors, do not break the steps of the sterile procedure, and prevent cross-infection.	ICN & TL	Done
3.	Vaccination	The necessity of HbsAg titers for everyone was discussed throughout the discussion. As per the immunization policy, titer requirements should be specified	ICN	Under Process
4.	VENTILATOR Cleaning and disinfection.	Ensure ventilator cleaning in every department and place the ventilator cleaning checklist itself. An audit must be done by the infection control nurse.	ICN GDA SUPERVISOR	Done.
5.	Ultrasound Machine cleaning	The bedside ultrasound machine should be clean before and after use.	ICN & TL	Done
6.	Diphtheria prophylaxis for pediatric patients	It was discussed in the meeting to follow contact precautions for all Diphtheria suspected and confirmed cases until discharge or further outcome.	For all	Done

Minutes of Meeting

Topic: Hospital Infection Control Committee

Date: 18 Oct 2023

Venue: 4th Floor, Seminar Room - 2

Chairperson: DR. K.K. Trehan

Participants: Dr. Shakti Jain, Dr. Girija Yadav, Dr. Puneet Sharma, Dr. Seema Jain, Dr. Shivani Shabarwal, Dr. Shivani, Ms. Annamma Thomas, Dr. Shweta, Mr. Bhagnot Arya, Mr. Yesudas, Mr. Shankar Prasad, Ms. Manjeet Kaur, Ms. Vaishali Sharma, Ms. Ankita Chaudhari, Mr. Brijesh

Apologies: Mr. Bobby Varghese, Dr. K.K. Trehan, Dr. Ajay Gupta, Dr. Shailesh Jain, Dr. Pankaj, Dr. I.M. Chugh.






S.NO	Actionable Point	Actionable Point	Responsibility	Status
1.	Opening Meeting	The ICN opened the meeting with greetings.	ICN	Done
2.	Guidelines for invasive line	It has been discussed in the meeting that there should be written guidelines for line days and when to change.	Medical Quality	To be done.
3.	Insertion of central line.	As per discussion with team members, it was recommended to discourage femoral line insertion and lower the risk of infection.	Medical Superintendent	To be done
4.	Vaccination	It has been discussed in the meeting that HbsAg titers are mandatory for all. There should be set criteria for titers.	ICN	To be done.
5.	Cleaning and disinfection.	Ensure the cleaning of equipment in every department, e.g., ventilator An audit must be done by the infection control nurse.	ICN	To be done.
6.	Bundle Compliance	Bundle Compliance data share and discussed with team members data was satisfactory.	ICN	Done

MINUTES OF MEETING

Date: 15/09/2022

Time: 2PM-3PM

Venue: Seminar Hall 4th floor Max SHBG.

Chairperson: Dr. K K Trehan

Forum: Biomedical waste Management Committee

Attendees: Dr K K Trehan, Dr Archana Bajaj, Dr Shakti Jain, Dr Puneet Sharma, Dr Girija Yadav, Dr S.N. Basu, Dr Shivani, Ms Annamma Thomas, Dr Arun, Mr Bhagvat Arya, Ms Ankita Chaudhari, Ms Vaishali Sharma.

AGENDA:

1. Bio-Medical Waste Management Rules 2016.
2. Needle Stick injury.
3. Vaccination tracker to be kept updated
4. Segregation of waste needs to be done at source by user
5. Biotic plant to be visited to once in six month

S.NO	Actionable Point	Actionable Point	Responsibility
1.	Opening Meeting	The Chairperson opened the meeting with greetings.	ICN
2.	Bio-Medical Waste Management Rules 2016.	Rules of 2016 of BMW discussed with all members as awareness, as follows. - Bar code system implementation - Garbage bags used of 75 Macron - Once in year training of all handlers needs to be done of Bmw - Hepatitis B Vaccination and tetanus injection to be given handlers - Scanning and updation of waste disposed is done on DPCC website.	TL ICN and Head of HK
3.	6. Needle Stick injury. 7. Vaccination tracker to be kept updated	• Proper PPE should be worn by the staff who is transporting the waste and waste should be segregated at source by user, no open needle to be kept in drawer and food trolley Vaccination tracker needs to be monitored and make sure its 100%	ICN & HK Head



Minutes of Meeting

Forum: Hospital Infection Control Committee

Date: 21 Aug 2023

Venue: 4th Floor, Seminar Room – I

Chairperson: DR. K.K. Trehan

Participants: Dr. K.K. Trehan, Dr. Shakti Jain, Dr. Girija Yadav, Dr. Shivani Sabharwal, Dr. Seema Jain, Dr. Saurabh, Dr. Shivani Arora, Ms. Annamma Thomas, Ms. Manjeet Kaur, Ms. Vaishali Sharma, Ms. Ankita Chaudhari, Mr. Yesudas, Mr. Rajneesh Sehgal, Mr. Bhagwat Arya

Apologies: Mr. Bobby Varghese, Dr Sushant, Dr. Shailesh Jain, Dr. Pankaj Pandey, Dr. I.M. Chugh, Mr. Jaskirat



MOM PREVIOUS MEETING 17.07.2023

AGENDA:

S.NO	Actionable Point	Actionable Point	Responsibility	Status
1.	Opening Meeting	The ICN's opened the meeting with greetings.	ICN	Done
2.	Bed Cleaning	It has been discussed in the meeting that ensure the patient bed cleaning and disinfectant after discharge.	Housekeeping department	Open
3.	SSI Cases	The all confirmed surgical site infection cases should be discussed with Anesthesia department (OT) and improve the practice as well.	ICO ICN	Closed
4.	Water surveillance	Water surveillance culture should be sent from all the department twice a month for 3 months due to heavy rain fall and flood.	ICO ICN	Ongoing
5.	Shortage Sterile Blue sheets	At the time of rounds, it has been found in the many departments that in the central line catheterization set blue sterile sheets are not available.	CSSD	Close
6.	Needle stick injury	To follow closed sampling technique to reduce needle stick injury rate as well take bed side training for sharp segregation.	ICN	Close

MOM PREVIOUS MEETING 21.08.2023

S.NO	Actionable Point	Actionable Point	Responsibility
1.	Shortage of sterile Gown & towel	It has been discussed in the meeting that OT staff are facing issues with tear gowns and a shortage of towels in the department.	HK HOD CSSD
2.	HAI summary	The HAI summary should be in detail and explain the immunocompromised reason of the patient and comorbidity as well.	ICN
3.	Foley's care	Strengthening foleys care and educate staff regarding this to reduce the rate of infection.	ICN
4.	PPE for Housekeeping staff	To provide heavy-duty gloves to the housekeeping staff to reduce needle stick injuries	HK HOD
5.	Awareness of NSI prevention	It has been discussed in the meeting to play a short video on NSI prevention.	GM Operation

Minutes of Meeting

Forum: Hospital Infection Control Committee

Date: 17 July 2023

Venue: 4th Floor, Seminar Room – I

Chairperson: DR. K.K. Trehan

Participants: Dr. K.K. Trehan, Dr. Shakti Jain, Dr. Girija Yadav, Dr. Shivani Sabharwal, Dr. Arun Kumar, Dr. Seema Jain, Dr. Puneet Sharma, Dr. Saurabh, Dr. Shivani Arora, Dr. Garima, Ms. Annamma Thomas, Ms. Manjeet Kaur, Ms. Vaishali Sharma, Ms. Ankita Chaudhari, Mr. Yesudas, Mr. Rajneesh Sehgal, Mr. Jagat Singh Vohra, Dr. Amrit Datley.

Apologies: Mr. Bobby Varghese, Dr. Sushant, Dr. Shailesh Jain, Dr. Pankaj Pandey, Dr. I.M. Chugh, Mr. Jaskirat



Previous Minutes of Meeting - 09.06.2023

S.NO	Actionable Point	Actionable Point	Responsibility	Status
1	Hand Hygiene	As per team members there is no paper towel available on floor.	HOD Housekeeping ICN	Done
2.	Central line Dressing	Central line should be covered with sterile sheets at all the times and followed Hand Hygiene. Central line port must be cleaned with 70% Alcohol swab before and after giving medication	ICN	Closed
3.	Needle stick injury	Communicate and educate the staff regarding needle stick injury in every session to reduce needle stick injury incident as well rates.	ICN Educators	Done it's an ongoing process
4.	Surveillance culture	It has been discussed in the meeting that all cultures have grown reports must be informed to concerned HOD and repeat sample must be sent to the laboratory.	Dept. HOD ICN	Done
5.	Bio-medical waste	Bio-Medical waste garbage bag should be changing every shift or as per need on daily basis.	Housekeeping	Closed
6.	Neuro Microscope	Microscope cleaning should be done by Formalin tablet.	ICN	Under process
7.	ABG machine	It has been found that ABG machine not cleaned in designated department, it might be source of infection and ensured the cleaning of ABG machine.	Housekeeping ICN	Closed
8.	ICU bed cleaning	Disposable mopped must be used for ICU bed cleaning. Cleaning and disinfection of ICU beds in each and every shift and disinfection checklist must be cross verified by housekeeping supervisors.	Housekeeping	Under process

MOM PREVIOUS MEETING 17.07.2023

AGENDA:

S.NO	Actionable Point	Actionable Point	Responsibility	Status
1.	Opening Meeting	The ICN's opened the meeting with greetings.	ICN	Done
2.	Bed Cleaning	It has been discussed in the meeting that ensure the patient bed cleaning and disinfectant after discharge.	Housekeeping department	Open
3.	SSI Cases	The all confirmed surgical site infection cases should be discussed with Anesthesia department (OT) and improve the practice as well.	ICO ICN	Closed
4.	Water surveillance	Water surveillance culture should be sent from all the department twice a month for 3 months due to heavy rain fall and flood.	ICO ICN	Ongoing
5.	Shortage Sterile Blue sheets	At the time of rounds, it has been found in the many departments that in the central line catheterization set blue sterile sheets are not available.	CSSD	Open
6.	Needle stick injury	To follow closed sampling technique to reduce needle stick injury rate as well take bed side training for sharp segregation.	ICN	Open

Minutes of Meeting

Forum: Hospital Infection Control Committee

Date: 09 June 2023

Venue: 4th Floor, Seminar Room – 1

Chairperson: DR. K.K. Trahan

Participants: Dr. K.K. Trehan, Dr. Shakti Jain, Dr. Girija Yadav Dr Shivani Sabharwal, Dr. I.M. Chugh, Dr Puneet Sharma, Dr. Seema Jain Dr. Shivani Arora, Dr Saurabh Ms. Annamma Thomas, Mr. Bhagwat Arya, Ms. Vaishali Sharma, Ms. Manjeet Kaur, Ms. Ankita Chaudhari, Mr. Yesudas, Mr. Subodh Kumar

Apologies: Mr. Bobby Varghese, Dr. Shailesh Jain, Dr. Pankaj, Dr. Anupriya, Dr. Arun Kumar, Dr. Amrit



A handwritten signature in black ink is written over a circular official stamp. The stamp contains text in a circular border, which is partially obscured by the signature. The signature appears to be 'S. K. Trahan'.

Previous mom

S.NO	Actionable Point	Actionable Point	Responsibility	Status
4.	Discourage use of Cidex in OT	Stop using of cidex in OT for instrument cleaning and buys more scopes for surgery.	MS GM Operation	Under process

S.NO	Actionable Point	Actionable Point	Responsibility	Status
1	Hand Hygiene	As per team members there is no paper towel available on floor.	HOD Housekeeping ICN	Under observation
2.	Central line Dressing	Central line should be covered with sterile sheets at all the times and followed Hand Hygiene. Central line port must be cleaned with 70% Alcohol swab before and after giving medication.	ICN	On going
3.	Needle stick injury	Communicate and educate the staff regarding needle stick injury in every session to reduce needle stick injury incident as well rates.	ICN Educators	Under process
4.	Surveillance culture	It has been discussed in the meeting that all cultures have grown reports must be informed to concerned HOD and repeat sample must be sent to the laboratory.	Dept. HOD ICN	Done
5.	Bio-medical waste	Bio-Medical waste garbage bag should be changing every shift or as per need on daily basis.	Housekeeping	To be done
6.	Neuro Microscope	Microscope cleaning should be done by Formalin tablet.	ICN	Under process
7.	ABG machine	It has been found that ABG machine not cleaned in designated department, it might be source of infection and ensured the cleaning of ABG machine.	Housekeeping ICN	Under process.

S.NO	Actionable Point	Actionable Point	Responsibility	Status
8.	ICU bed cleaning	Disposable mopped must be used for ICU bed cleaning. Cleaning and disinfection of ICU beds in each and every shift and disinfection checklist must be cross verified by housekeeping supervisors.	Housekeeping	Under process

Minutes of Meeting

Forum: Hospital Infection Control Committee

Date: 15 MAY 2023

Chairperson: DR. K.K. Trahan

Venue: 4th Floor, Seminar Room – 1

Participants: Dr. K.K. Trehan, Dr. Shakti Jain, Dr. Girija Yadav Dr Shivani Sabharwal, Dr. I.M. Chugh, Dr Puneet Sharma, Dr. Seema Jain Dr. Shivani Arora, Dr Saurabh Ms. Annamma Thomas, Mr. Bhagwat Arya, Ms. Vaishali Sharma, Ms. Manjeet Kaur, Ms. Ankita Chaudhari, Mr. Yesudas, Mr. Subodh Kumar

Apologies: Mr. Bobby Varghese, Dr. Shailesh Jain, Dr. Pankaj, Dr. Anupriya, Dr. Arun Kumar, Dr. Amrit



MOM PREVIOUS MEETING - 12.04.2023

S.NO	Actionable Point	Actionable Point	Responsibility	Status
1.	Opening Meeting	The Infection control nurse opened the meeting with greetings.	ICN	Done
2.	Sterile sheet for central line care	It has been discussed in the meeting; small sheets were first tried in one department, and after satisfactory feedback, it should be implemented in all critical care areas & approval must be taken from the critical care HOD.	ICN	Done
3.	Restricted Antibiotic.	According to committee members, the use of restricted antibiotics for patients should be limited, and if any restricted antibiotics are prescribed, there should be specific justification in the CPRS, which is cross-checked / audited by clinical pharmacists.	Clinical Pharmacist	Under process
4.	Fumigation	Fumigation is not required; if any department wants to do fumigation, approval must be obtained from the infection control officer, and it has been discussed with team members regarding the fumigation policy for organ transplant patients. If it is required, we will discuss it with the transplant unit team.	All Team members.	To be done
6.	Hand Hygiene Compliance	Hand Hygiene Graph does not look appropriate; it has been noticed while taking rounds that staff missed the opportunity after patient and after patient surroundings.	ICN	Done

MOM - 15.05.2023

S.NO	Actionable Point	Actionable Point	Responsibility	Status
1.	Opening Meeting	The Infection control nurse opened the meeting with greetings.	ICN	Done
2.	Anti-microbial stewardship	it was discussed in the meeting that; we will form an AMS team for Restricted antibiotic audit and that team will also check the justification in the CPRS.	Clinical Pharmacist ICO	To be started
3.	Fumigation	As discussed in Infection control meeting as well as Central infection control meeting, fumigation is not required in any area and ensure deep cleaning.	ICO ICN	Done
4.	Discontinue use of Cidex in OT	Stop using of cidex in OT for instrument cleaning and buys more scopes for surgery.	MS GM Operation	Done
5.	Needle Stick injury	It has been discussed in the meeting, educate and be aware staff regarding needle injury to achieve zero target.	ICN	Done

Minutes of Meeting

Forum: Hospital Infection Control Committee

Date: 12 APR 2023

Chairperson: DR. K.K. Trahan

Venue: 4th Floor, Seminar Room – 2

Participants: Dr. K.K. Trehan, Dr. Shakti Jain, Dr Shivani Sabharwal, Dr. Girija Yadav, Dr Pankaj Pandey, Dr Puneet Sharma, Dr. Seema Jain, Dr Kaushiki, Dr Saurabh, Dr. Shivani, Dr. Garima, Mr. Bhagwat Arya, Ms. Ankita Chaudhari, Mr. Shankar Kumar, Mr. Rajneesh Sehgal, Mr. Brijesh Kumar, Mr. Charanjeet

Apologies: Mr. Bobby Varghese, Ms. Annamma Thomas, Dr. Shailesh Jain, Dr. Anupriya, Dr. Arun Kumar, Dr. I.M. Chugh, Dr. Amrit, Ms. Manjeet Kaur, Ms. Vaishali Sharma,



MOM PREVIOUS MEETING -10.03.2023

S.NO	Actionable Point	Actionable Point	Responsibility	Status
1.	Opening Meeting	The Chairperson opened the meeting with greetings.	ICO	Done
2.	Restricted Antibiotic.	According to committee members, the use of restricted antibiotics for patients should be limited, and if any restricted antibiotics are prescribed, there should be specific justification in the CPRS, which is cross-checked / audited by clinical pharmacists.	Clinical Pharmacist	Under process
3.	Fumigation	Fumigation is not required; if any department wants to do fumigation, approval must be obtained from the infection control officer, and it has been discussed with team members regarding the fumigation policy for organ transplant patients. If it is required, we will discuss it with the transplant unit team.	All Team members.	Done
4.	Hand Hygiene Compliance	Hand Hygiene Graph does not look appropriate; it has been noticed while taking rounds that staff missed the opportunity after patient and after patient surroundings.	ICN	Done

MOM PREVIOUS MEETING - 10.03.2023

S.NO	Actionable Point	Actionable Point	Responsibility	Status
1.	Opening Meeting	The Chairperson opened the meeting with greetings.	ICO	Done
2.	Restricted Antibiotic.	According to committee members, the use of restricted antibiotics for patients should be limited, and if any restricted antibiotics are prescribed, there should be specific justification in the CPRS, which is cross-checked / audited by clinical pharmacists.	Clinical Pharmacist	Under process
3.	Fumigation	Fumigation is not required; if any department wants to do fumigation, approval must be obtained from the infection control officer, and it has been discussed with team members regarding the fumigation policy for organ transplant patients. If it is required, we will discuss it with the transplant unit team.	All Team members.	Done
4.	Hand Hygiene Compliance	Hand Hygiene Graph does not look appropriate; it has been noticed while taking rounds that staff missed the opportunity after patient and after patient surroundings.	ICN	Done

S.NO	Actionable Point	Actionable Point	Responsibility	Status
1.	Opening Meeting	ICN opened the meeting with greetings and represent last FY-21-22 data in detail.	ICN	Done
2.	Sterile sheet for central line care	It has been discussed in the meeting; small sheets were first tried in one department, and after satisfactory feedback, it should be implemented in all critical care areas & approval must be taken from the critical care HOD.	ICN	To Be Done
3.	Restricted Antibiotic.	According to committee members, the use of restricted antibiotics for patients should be limited, and if any restricted antibiotics are prescribed, there should be specific justification in the CPRS Detail and number of antibiotics must be shown in monthly HICC meeting as per committee data must be categories specialty wise.	Clinical Pharmacist	Under process
4.	Needle Stick injury	It has been discussed in the meeting to reduce NSI rate and educate all staff regarding sharp segregation.	All Team members.	Done
5.	Blood culture contamination	To educate staff regarding blood culture because recently we are reported highest numbers of blood culture contamination from triage as well ward. RCA will be done via ICN to reduce blood culture contamination rate	ICN	Done

Minutes of Meeting

Forum: Hospital Infection Control Committee

Date: 10 Mar 2023

Chairperson: DR. K.K. Trahan

Venue: 4th Floor, Seminar Room – 2

Participants: Dr. K.K. Trahan, Dr. Shakti Jain, Dr. Shivani Sabharwal, Dr. Puneet Sharma, Dr. Shivani, Ms. Annamma Thomas, Mr. Bhagwat Arya, Ms. Vaishali Sharma, Ms. Ankita Chaudhari, Mr. Rajneesh Sehgal, Mr. Yesudas

Apologies: Mr. Bobby Varghese, Dr. Girija Yadav, Dr. Shailesh Jain, Dr. Pankaj, Dr. Seema Jain, Dr. Anupriya, Dr. Arun Kumar, Dr. I.M. Chugh, Dr. Amrit, Dr. Garima, Ms. Manjeet Kaur, Mr. Jaskirat.



MOM PREVIOUS MEETING - 11.02.2021

S NO	Actionable Point	Actionable Point	Responsibility	Status
1.	Opening Meeting	The Chairperson opened the meeting with greetings.	ICO	Done
2.	Sterile sheet	It was discussed in the meeting that we need small sterile sheets instead of large sterile sheets for central line care.	Housekeeping CSSD	Done
3.	Bundle Compliance	Bundle Compliance data share and discussed with team members data was satisfactory.	ICN	Done
4.	ICU Cleaning	It has been decided in the meeting that we will designate GDA for ICU cleaning, and those people are responsible for cleaning.	Housekeeping	Done
5.	Needle stick injury	It has been decided in the meeting if any NSI will happen, and we are not able to send a sample in that case. Please confirm the sample via the laboratory department before considering an unknown source or ART therapy.	ICN	Done
6.	Hand Hygiene Compliance	It has been Discussed in the meeting that hand hygiene opportunities should be increased in OPD area.	ICN	Done



MOM PREVIOUS MEETING -10.03.2023

S.NO	Actionable Point	Actionable Point	Responsibility	Status
1.	Opening Meeting	The Chairperson opened the meeting with greetings.	ICO	Done
2.	Sterile sheet for central line care	It has been discussed in the meeting; small sheets were first tried in one department, and after satisfactory feedback, it should be implemented in all critical care areas & approval must be taken from the critical care HOD.	ICN	Done
3.	Restricted Antibiotic.	According to committee members, the use of restricted antibiotics for patients should be limited, and if any restricted antibiotics are prescribed, there should be specific justification in the CPRS, which is cross-checked / audited by clinical pharmacists.	Clinical Pharmacist	Under process
4.	Fumigation	Fumigation is not required; if any department wants to do fumigation, approval must be obtained from the infection control officer, and it has been discussed with team members regarding the fumigation policy for organ transplant patients. If it is required, we will discuss it with the transplant unit team.	All Team members.	To be done
6.	Hand Hygiene Compliance	Hand Hygiene Graph does not look appropriate; it has been noticed while taking rounds that staff missed the opportunity after patient and after patient surroundings.	ICN	Done

Minutes of Meeting

Forum: Hospital Infection Control Committee

Date: 11 Jan 2023

Chairperson: DR. K.K.Trehan

Venue: 4th Floor, Seminar Room – 2

Participants: Mr. Bobby Varghese, Dr. K.K. Trehan, Dr. Shakti Jain, Dr. Girija Yadav, Dr. Anupriya, Dr. Sandeep, Dr. Shivani, Dr. Garima, Ms. Annamma Thomas, Mr. Bhagwat Arya, Ms. Manjeet Kaur, Ms. Vaishali Sharma, Ms. Ankita Chaudhari, Mr. Shishir Kr Yadav, Mr. Jagat Singh Vohra, Dr. Amrit Datley, Mr. Sajjan Kundu

Apologies: Dr. Shailesh Jain, Dr. Pankaj, Dr. Seema Jain, Dr. Arun Kumar, Dr. I.M. Chugh, Mr. Jaskirat



AGENDA:

S.NO	Actionable Point	Actionable Point	Responsibility	Status
1.	Opening Meeting	The Chairperson opened the meeting with greetings.	ICO	Done
2.	Bio-medical waste	As per discussion with HICC team members. BMW Bins should be placed in medium size and avoid overfilling.	HK Supervisors	Done
3.	Scrub Station	As per discussion with team members they were raised issues regarding scrub station tap cleaning. Water Tap must be cleaned by housekeeping and mal functioning of water tap checked by maintenance.	HK Supervisors Bio-Medical Engineer	Done
4.	HAND RUB	Chlorhexidine hand rub must be ensured in all departments including outsourced e.g.- Dialysis	ICN	Done
5.	Sample Transportation (OT)	Followed the right transportation process of cultures sample do not carry sample on pockets and hands, sample should be kept in sample box and trained staff regarding sample collection process.	OT In-charge TL	Done
6.	Bundle Compliance	Bundle Compliance data share and discussed with team members data was satisfactory.	ICN	DONE
7.	ICU Bed Cleaning	Disposable mopped must be used for ICU bed cleaning	In-charge TL ICN	Done

S.NO	Actionable Point	Actionable Point	Responsibility	Status
1.	Opening Meeting	The Chairperson opened the meeting with greetings.	ICO	Done
2.	Bio-medical waste	Broken Dustbin should be replaced in OT. The Housekeeping has to ensure that no broken dustbins are left in any other departments.	HK Supervisors	To be done
3.	Scrub Station	As per discussion with team members they were raised concern regarding malfunctioning of scrub stations in OT. Scrub station do not work properly even after repeated complaints and repairs.	Bio-Medical Engineer	As soon as possible
4.	Hand Rub	Chlorhexidine Hand Rub should be there on every Medicine trolley and Nursing station.	TL /ICN	Done
5.	Small Sterile sheet (Central line)	It was discussed in the meeting that we need small sterile sheets instead of large sterile sheets for central line care.	Housekeeping CSSD	Under process
6.	Bundle Compliance	Bundle Compliance data share and discussed with team members data was satisfactory.	ICN	Done
7.	ICU Bed Cleaning	Ensured that separate mops are used for cleaning the ICU beds.	HK In-charge TL ICN	On going

Month	Bio Medical waste											Total Bags	Total Weight (In KG's)
	Yellow- Incineration (Anatomical/Waste &		Yellow Cytotoxic- Incineration		Red Autoclave (Infected Plastic		Blue Autoclave (Glass- Bottles)		White- Sharp				
	No. of Bags	eight (In KG'	No. of Bags	eight (In KG'	No. of Bags	eight (In KG'	No. of Bags	eight (In KG'	No. of Bags	eight In KG'			
Jan-23	400	3821	52	281	455	4180	100	610	69	402	1076	9294	
Feb-23	346	3176	48	225	393	3455	92	459	67	292	946	7606	
Mar-23	391	3443	59	271	434	3842	116	530	88	370	1088	8456.4	
Apr-23	400	3492	57	292	434	3806	124	688	95	496	1110	8773.8	
May-23	578	3511	94	411	583	3535	178	818	164	615	1597	8889.2	
Jun-23	735	3493	161	311	783	3858	263	431	212	287	2154	8379.9	
Jul-23	675	3452	186	387	729	3740	245	505	216	356	2051	8441.3	
Aug-23	468	3659	81	342	504	3846	133	616	123	451	1309	8913.4	
Sep-23	364	3543	64	307	403	3940	115	640	120	538	1066	8968.7	
Oct-23	400	3933	86	347	424	4296	152	761	152	537	1214	9873.8	
Nov-23	438	3947	110	356	459	4332	164	784	167	534	1338	9953.7	
Dec-23	415	3651	72	396	435	3922	125	771	105	518	1152	9258.2	
	5610.00	43120.15	1070.00	3925.88	6036.00	46751.74	1807.00	7614.01	1578.00	5396.92	16101.00	106808.69	



ANNUAL REPORT 2023

NAME:- Max Super Speciality Hospital (A Unit Of Max Healthcare Institute Limited)

Address:- FC -50, Block C &D, Shallmar Bagh, Delhi

ID No- 1206

Months	Incinerable (Yellow) (Kgs)	Autoclavable (Red) (Kgs)	White Sharp(Kgs)	Blue (Kgs)
Jan-23	4102.24	4180.11	401.90	609.88
Feb-23	3400.51	3454.54	292.13	458.90
March-23	3714.03	3842.32	370.04	530.02
April-23	3783.63	3805.90	496.08	688.20
May-23	3921.32	3534.63	615.04	818.26
June23	3803.4	3858.36	287.45	430.69
July-23	3839.71	3740.31	356.08	505.23
Aug-23	4000.88	3845.92	450.69	615.94
Sep-23	3850.59	3939.78	538.18	640.17
Oct-23	4280.14	4295.66	537.05	760.90
Nov-23	4302.6	4332.30	534.37	784.44
Dec-23	4046.89	3921.92	518.00	771.38



GENERAL WASTE 2023

Month	KITCHEN WASTE		GENERAL WASTE	
Jan-23	691	2356	2264	4624
Feb-23	638	2742	2653	5211
Mar-23	695	2129	1855	4440
Apr-23	1000	2680	3139	5365
May-23	1202	2779	3563	5376
Jun-23	892	3282	2074	5132
Jul-23	838	2827	2423	5527
Aug-23	942	2845	2206	5254
Sep-23	835	2955	2396	5492
Oct-23	804	2796	2533	5794
Nov-23	754	2616	2533	5622
Dec-23	899	2350	2619	5610
Total	10190	32356	30258	63447



DELHI POLLUTION CONTROL COMMITTEE

(Government of N.C.T. of Delhi) 4th & 5th Floor, ISBT Building

Kashmere Gate, Delhi 110006

(Visit us at <https://www.dpccocmma.nic.in>)



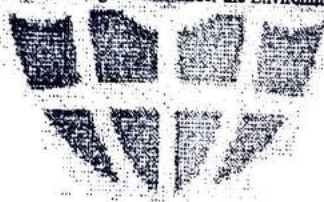
(AUTHORIZATION UNDER BIO MEDICAL WASTE MANAGEMENT RULES, 2016)

File number of authorization : DPCC/(11)(5)(01)/2023/BMW/NST/AUTH/89339246U

Application No: 9234773

Date: 28/06/2023

1. M/s Max Super Speciality Hospital (a unit of Max Healthcare Institute Limited) an occupier of the facility located at FC-50, Block-C&D, Shalimar Bagh, Delhi-110088 110088 is hereby granted this authorization for Generation, Segregation, Storage, of Biomedical Waste at the premises and for Transportation, Treatment and Disposal of Bio-Medical Waste through Common Bio-Medical Waste Treatment Facility (CBMWTF) authorized by Delhi Pollution Control Committee.
2. Number of beds of HCF : 402
3. Quantity of Biomedical waste handled : 833 (Kg/day)
4. This authorization shall be in force for a period of Five Years and valid up to 02/04/2028.
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.



Prem
Swarup
Pankaj
Signature.....
Designation

Digitally signed by
Prem Swarup
Pankaj
Date: 2023.07.03
13:01:25 +05'30'

-:-Terms and Conditions:-:-

1. The occupier shall comply with the provisions of Bio-Medical Waste Management Rules, 2016 as amended to date.
2. The authorization or its renewal shall be produced for inspection at the request of any officer authorized by DPCC.
3. The occupier shall ensure that bio-medical waste is not mixed with other wastes and is segregated into containers / bags at the point of generation in accordance with Schedule-I (part I).
4. The occupier shall have a valid agreement with the operator of a facility authorized by DPCC for collection, transportation, treatment & disposal of the bio-medical waste.
5. The Occupier shall hand over the bio-medical waste timely to the authorized operator of a facility duly segregated, labelled, tagged and kept in proper containers for the collection, transportation, treatment & disposal as per Rules.
6. The occupier shall inform the prescribed authority immediately in case the operator of facility does not collect the bio medical waste within the intended time or as per the agreed time.
7. The occupier shall maintain records of the Bio-Medical Waste generated and disposed of/ handed over. The record shall be made available, for inspection & verification, to any officer authorized by DPCC.
8. In case of any major accident involving Bio-Medical Waste, the occupier shall report the accident in



DELHI POLLUTION CONTROL COMMITTEE

(Government of N.C.T. of Delhi) 4th & 5th Floor, ISBT Building

Kashmere Gate, Delhi 110006

(Visit us at <https://www.dpccomms.nic.in>)



LIFE
Lifestyle for
Environment

(AUTHORIZATION UNDER BIO MEDICAL WASTE MANAGEMENT RULES, 2016)

File number of authorization : DPCC/(11)(5)(01)/2023/BMW/NST/AUTH/3873349g

Application No: 7690079

Date:18/07/2023

- VIKAS GHALLOT occupier/ operator of the facility M/s Biotic Waste Solutions Pvt. Ltd. located at 46, SSI Industrial Area, GT Karnal Road, Delhi-110033 110033 is hereby granted an authorisation for; Activity for, Collection, Reception, Storage, Transportation, of bio-medical waste.

- M/s Biotic Waste Solutions Pvt. Ltd. is hereby authorized for handling of biomedical waste as per the capacity given below.

- Number of healthcare facilities covered by CBMWTF : 4500
- Number of beds of HCF covered : 25000
- Installed treatment and disposal capacity (Kg/day) : 34000
- Districts covered by CBMWTF : NORTH, NORTH WEST, NEW DELHI, SOUTH, SOUTH EAST

Type of Waste Category	Average Quantity Handle per day (Kg/day)
Yellow	6700
Red	5500
White(Translucent)	300
Blue	2000

- This authorisation shall be in force for a period of Five Years and valid up to 15.04.2027.
- 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.

PREM
SWARUP
PANKAJ
Signature.....
Designation

Digitally signed by
PREM SWARUP
PANKAJ
Date: 2023.07.20
11:44:15 +05'30'

--Terms and Conditions--

- The operator shall comply with the provisions of Bio-Medical Waste Management Rules, 2016 as amended to date.
- The operator shall comply with the provisions of Environment (Protection) Act, 1986 and the rules made there under.
- The operator shall comply with the standards prescribed in Schedule II of Bio Medical Waste management Rules, 2016, Water (Prevention & Control of Pollution) Act, 1974 and Air (Prevention & Control of Pollution) Act, 1981, for the discharge of the wastewater/ Effluent generated and Emissions generated from the process. Enclosed as Annexure-I
- The operator shall not rent, lend, sell, transfer, or otherwise transport the bio-medical waste without

[(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 : Nil
4. Has the authority been informed immediately : Nil
5. The type of waste involved in accident : Nil
6. Assessment of the effect of the accidents on human health and the environment : Nil
7. Emergency measure Taken : Nil
8. Steps taken to alleviate effects of accident : Nil
9. Steps taken to prevent the recurrence of such an accident: Nil
10. Does your facility have an Emergency control policy? If yes give details: Yes

Place : New Delhi

Month : DEC-2023


Dr. Shivani Sabharwal

Medical Superintendent

Signature : Max Super Speciality Hospital, Shalimar Bagh

FC-50, C&D Block, Shalimar Bagh

Designation : Medical Superintendent Hospital Operation

FORM-1**[(See Rule 4 (o), 5(l) and 15(2))****ACCIDENT REPORTING**

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

Place : New Delhi

Month : NOV-2023

Signature:

Designation : Medical Superintendent Hospital Operatio

Dr. Shivani Sabharwal
Medical Superintendent
Max Super Speciality Hospital, Shalimar Bagh
FC-50, C & D Block, Shalimar Bagh
New Delhi-110 088

[(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 : Nil
4. Has the authority been informed immediately : Nil
5. The type of waste involved in accident : Nil
6. Assessment of the effect of the accidents on human health and the environment : Nil
7. Emergency measure Taken : Nil
8. Steps taken to alleviate effects of accident : Nil
9. Steps taken to prevent the recurrence of such an accident: Nil
10. Does your facility have an Emergency control policy? If yes give details: Yes

Place : New Delhi

Month : OCT-2023



Dr. Shivani Sabharwal
Medical Superintendent
Max Super Speciality Hospital, Shalimar Bagh
Signature : FC-50, C&D Block, Shalimar Bagh
New Delhi-110 088
Designation : Medical Superintendent Hospital Operation

[(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 : Nil
4. Has the authority been informed immediately : Nil
5. The type of waste involved in accident : Nil
6. Assessment of the effect of the accidents on human health and the environment : Nil
7. Emergency measure Taken : Nil
8. Steps taken to alleviate effects of accident : Nil
9. Steps taken to prevent the recurrence of such an accident: Nil
10. Does your facility have an Emergency control policy? If yes give details: Yes

Place : New Delhi

Month : SEP-2023


Dr. Shiyani Sabharwal
Medical Superintendent
Max Super Speciality Hospital, Shalimar Bagh
FC-50, C & D Block, Shalimar Bagh, New Delhi
Designation : Medical Superintendent Hospital Operation

FORM-1**[(See Rule 4 (a), 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 : Nil
4. Has the authority been informed immediately : Nil
5. The type of waste involved in accident : Nil
6. Assessment of the effect of the accidents on human health and the environment : Nil
7. Emergency measure Taken : Nil
8. Steps taken to alleviate effects of accident : Nil
9. Steps taken to prevent the recurrence of such an accident: Nil
10. Does your facility has an Emergency control policy? If yes give details: Yes

Place : New Delhi

Month : SEP-2023

Signature : Designation : Medical Superintendent Hospital Operation

Dr. Shweta S. Chopra
Medical Superintendent
Max Super Speciality Hospital, Shalimar Bagh
FC-50, C&D Block, New Delhi

FORM-1**[(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 : Nil
4. Has the authority been informed immediately : Nil
5. The type of waste involved in accident : Nil
6. Assessment of the effect of the accidents on human health and the environment : Nil
7. Emergency measure Taken : Nil
8. Steps taken to alleviate effects of accident : Nil
9. Steps taken to prevent the recurrence of such an accident: Nil
10. Does your facility has an Emergency control policy? If yes give details: Yes

Place : New Delhi

Month : AUG-2023

Signature : Designation : Medical Superintendent Hospital Operation

Dr. Shivani Sabharwal
Medical Superintendent
Max Super Speciality Hospital, Shalimar Bagh
FC-50, C&D Block, Shalimar Bagh
New Delhi-110 088

FORM-1**[(See Rule 4 (o), 5(l) and 15(2))]****ACCIDENT REPORTING**

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

Place : New Delhi

Month : JULY-2023


Dr. Shivani Sabharwal
Signature
Medical Superintendent,
Max Super Speciality Hospital, Shalimar Bagh
Designation: Medical Superintendent Hospital Operation
C-6 Block, Shalimar Bagh
New Delhi-110 088

[(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 : Nil
4. Has the authority been informed immediately : Nil
5. The type of waste involved in accident : Nil
6. Assessment of the effect of the accidents on human health and the environment : Nil
7. Emergency measure Taken : Nil
8. Steps taken to alleviate effects of accident : Nil
9. Steps taken to prevent the recurrence of such an accident: Nil
10. Does your facility has an Emergency control policy? If yes give details: Yes

Place : New Delhi

Month : JUNE-2023

Signature :

Designation : Medical Superintendent Hospital Operation

Dr. Shiyani Sabharwal
Medical Superintendent
Max Super Speciality Hospital, Shalimar Bagh
FC-50, C&D Block, Shalimar Bagh
New Delhi-110 088

[(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 : Nil
4. Has the authority been informed immediately : Nil
5. The type of waste involved in accident : Nil
6. Assessment of the effect of the accidents on human health and the environment : Nil
7. Emergency measure Taken : Nil
8. Steps taken to alleviate effects of accident : Nil
9. Steps taken to prevent the recurrence of such an accident: Nil
10. Does your facility has an Emergency control policy? If yes give details: Yes

Place : New Delhi

Month : May-2023

Signature :

Designation : Deputy General Manager

[(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 : Nil
4. Has the authority been informed immediately : Nil
5. The type of waste involved in accident : Nil
6. Assessment of the effect of the accidents on human health and the environment : Nil
7. Emergency measure Taken : Nil
8. Steps taken to alleviate effects of accident : Nil
9. Steps taken to prevent the recurrence of such an accident: Nil
10. Does your facility have an Emergency control policy? If yes give details: Yes

Place : New Delhi

Month : April 2023

Signature :

Designation : Deputy General Manager

FORM-1

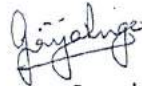
[(See Rule 4 (o),5(i) and 15(2)]

ACCIDENT REPORTING

1. Date and time of Accident : Nil
2. Type of Accident : Nil
3. Sequence of events leading to accident : Nil
4. Has the authority been informed immediately : Nil
5. The type of waste involved in accident : Nil
6. Assessment of the effect of the accidents on human health and the environment : Nil
7. Emergency measure Taken : Nil
8. Steps taken to alleviate effects of accident : Nil
9. Steps taken to prevent the recurrence of such an accident: Nil
10. Does you facility has an Emergency control policy? If yes give details: Yes

Place : New Delhi

Month : March-2023

Signature : 

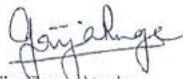
Designation : Deputy General Manager

FORM-1

[(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: Nil
4. Has the authority been informed immediately: Nil
5. The type of waste involved in accident: Nil
6. Assessment of the effects of the accidents on human health and the environment: Nil
7. Emergency measure Taken: Nil
8. Steps taken to alleviate the effects of accidents: Nil
9. Steps taken to prevent the recurrence of such an accident: Nil
10. Does your facility has an Emergency control policy? If yes give details: Yes



Girija Nigam Yadav
General Manager - Operation

Max super Speciality Hospital Shalimar Bagh

Date: 02/02/2023

Place: New Delhi



MC-1242

11-2013-0027
May 8 '15 - May 7 '22
Since Nov 9 '2011

FORM - 1

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

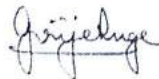
ACCIDENT REPORTING

1. Date and time Accident : Nil
2. Type of Accident : Nil
3. Sequence if event leading to accident : Nil
4. Has the Authority been informed immediately : Nil
5. The Type of waste involved in accident : Nil
6. Assessment of the effects of the accidents on human health and the environment : Nil
7. Emergency measure Taken : Nil
8. Steps taken to alleviate the effects of accidents : Nil
9. Steps taken to prevent the recurrence of such an accident : Nil
10. Does your facility has an Emergency control policy? If yes give details : Yes

Place : New Delhi

Designation G.M.

For the month of Jan'23.

**Max Super Speciality Hospital, Shalimar Bagh**

FC, 50, C & D Block, Shalimar Bagh,

New Delhi - 110 088

For medical services & appointments,

Tel: 011 4242 2222 / 234 1234

www.maxhealthcare.in

Max Healthcare Institute Limited

Regd. Office: 401, 4th Floor, Man Excellence, S. V. Road,

Vile Parle (West), Mumbai, Maharashtra - 400 056

Tel: 011 22 2610 044/182

E: secretariat@maxhealthcare.com

(CIN: L72200MH2903PLC322854)



MO: 2182

15 JAN 2023
May 10 May 12 23
Sana Hana 6 Jan

Attendance Sheet

Session: HICC

Trainer: Aulika

Date: 23/12/23

Time: 01:00

Venue: Seminar Room-1

S. No	Emp. Code	Name	Designation	Department	Location	DOJ	Cell No.	Supervisor	Signature
1	M013732	Dr. V. V. S. Srinivas	Dr. Consultant	Central Govt	MAX Skill First	01/11/22	9971883306	Dr. V. V. S. Srinivas	[Signature]
2	M022365	Dr. V. V. S. Srinivas	Dr. Consultant	Central Govt	MAX Skill First	01/11/22	783900454X	Dr. V. V. S. Srinivas	[Signature]
3	M0110426	Dr. V. V. S. Srinivas	Dr. Consultant	Central Govt	MAX Skill First	01/11/22	9971883306	Dr. V. V. S. Srinivas	[Signature]
4	M0101347	Dr. V. V. S. Srinivas	Dr. Consultant	Central Govt	MAX Skill First	01/11/22	9971883306	Dr. V. V. S. Srinivas	[Signature]
5	M0111119	Dr. V. V. S. Srinivas	Dr. Consultant	Central Govt	MAX Skill First	01/11/22	9971883306	Dr. V. V. S. Srinivas	[Signature]
6	M035566	Dr. V. V. S. Srinivas	Dr. Consultant	Central Govt	MAX Skill First	01/11/22	9971883306	Dr. V. V. S. Srinivas	[Signature]
7	M0111119	Dr. V. V. S. Srinivas	Dr. Consultant	Central Govt	MAX Skill First	01/11/22	9971883306	Dr. V. V. S. Srinivas	[Signature]
8	M034391	Dr. V. V. S. Srinivas	Dr. Consultant	Central Govt	MAX Skill First	01/11/22	9971883306	Dr. V. V. S. Srinivas	[Signature]
9	M0303303	Dr. V. V. S. Srinivas	Dr. Consultant	Central Govt	MAX Skill First	01/11/22	9971883306	Dr. V. V. S. Srinivas	[Signature]
10	M0303303	Dr. V. V. S. Srinivas	Dr. Consultant	Central Govt	MAX Skill First	01/11/22	9971883306	Dr. V. V. S. Srinivas	[Signature]
11	M0303303	Dr. V. V. S. Srinivas	Dr. Consultant	Central Govt	MAX Skill First	01/11/22	9971883306	Dr. V. V. S. Srinivas	[Signature]
12	M0303303	Dr. V. V. S. Srinivas	Dr. Consultant	Central Govt	MAX Skill First	01/11/22	9971883306	Dr. V. V. S. Srinivas	[Signature]
13	M0303303	Dr. V. V. S. Srinivas	Dr. Consultant	Central Govt	MAX Skill First	01/11/22	9971883306	Dr. V. V. S. Srinivas	[Signature]
14	M0303303	Dr. V. V. S. Srinivas	Dr. Consultant	Central Govt	MAX Skill First	01/11/22	9971883306	Dr. V. V. S. Srinivas	[Signature]
15	M0303303	Dr. V. V. S. Srinivas	Dr. Consultant	Central Govt	MAX Skill First	01/11/22	9971883306	Dr. V. V. S. Srinivas	[Signature]
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Trainer Signature:

Aulika
M030909



TRAINING TOPIC:-

ATTENDANCE SHEET

File No.24

DATE:-

3/12/23

S.NO	EMP CODE	NAME	DESIGNATION	DEPARTMENT	LOCATION	DOJ	SHIFT	CELL NO	SIGNATURE	Remark
1	0980	Manoj	G.D.A	H.K	SHRS	1/2/22	4			
2	2664	Rohy				1/2/2023				
3	323	Ranku 4				1/2/2023				
4	2884	Hema				1/2/2023				
5	352	Shweta				1/2/2023				
6	431	Ram Kumar				1/2/23				
7	3011	Ram Kumar				1/2/23				
8	314	Ram Kumar				1/2/23				
9	2612	Tikendra				09/02/23				
10	317	Secarya				1/5/23				
11	330	Sharmila				1/5/23				
12	2680	Ram Kumar				1/2/22				
13	482	Ram Kumar				1/2/22				
14	450	Diksha				1/2/22				
15	328	Ashu	G.D.A	H.K	SHRS	1/2/22				
16	354	Annu				1/2/22				
17	345	Annu				1/2/22				
18	2211	Annu				2/2/23				
19	2725	MD ARIFEN				2/3/23				
20	2425	Ram Kumar				24/01/23				
21	489	Ram Kumar				1/2/23				
22	283	Ram Kumar				7/1/23				
23	357	Reena				1/2/22				
24	350	Annu				1/2/22				
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MAX
Hindustan

TRAINING TOPIC:- BMW management

ATTENDANCE SHEET

File No. 24

DATE:- 5/11/23

S.NO.	EMP CODE	NAME	DESIGNATION	TRAINER:- DEPARTMENT	LOCATION	DOJ	SHIFT:- CELL NO	SIGNATURE	Remark
1	461	Curandam				01/02/22			
2	3927	Ardayan	-	-	-	-	-		
3	3934	Salman	-	-	-	-	-		
4	380	Kiran					X4079	Kiran	
5	436	Ruchi					X4079	Ruchi	
6	511	Ruchi					X4079	Ruchi	
7	356	Pooja	G.D.A	H.K	S.H.B.G.12/22		X4079	Pooja	
8	481	Shirish -M	"	"				Shirish	
9	499	Rajni	"	"				Rajni	
10	304	Rubel						Rubel	
11	304	Sahil R						Sahil R	
12	499	Shabir						Shabir	
13	334	Sonny						Sonny	
14	2682	Nurani						Nurani	
15	335	Dilep						Dilep	
16	446	Anish Angad						Anish Angad	
17	470	Kalish						Kalish	
18	353	Gopal-2						Gopal-2	
19	358	Asha						Asha	
20	368	Poonam						Poonam	
21	307	JHARAJA						JHARAJA	
22	2698	Koshal				11/22	X4079	Koshal	
23	324	Vidya				11/22	X4079	Vidya	
24	385	NARESH						NARESH	
25	473	Rina						Rina	
26	357	R. Rana						R. Rana	
27	426	Vikram						Vikram	
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MAX

TRAINING TOPIC: Bmal aaynt

ATTENDANCE SHEET

File No. 24

DATE: 5/11/23

S.NO.	EMP.CODE	NAME	DESIGNATION	TRAINER:	DEPARTMENT	LOCATION	DO.	SHIFT:	CELL NO.	SIGNATURE	Remark
1	34569	Suresh	H.K	H.K		SHB		Morning		Suresh	
2	34560	Hijali	H.K	H.K					22052261	Hijali	
3	34568	Pooja	H.K	H.K					248664500	Pooja	
4	34599	Suryakant	H.K	H.K					8735746202	Suryakant	
5	34591	Neta	H.K	H.K			11/9/23		9899174229	Neta	
6	1141	Karishma					11/7/23		880022602	Karishma	
7	1103	Lavisha					11/7/23		783876202	Lavisha	
8	1105	Zafar					12/2/23		27166502	Zafar	
9	1108	Munish					17/1/23		885537492	Munish	
10	31718	Rakhi					20/9/22		82000555	Rakhi	
11	31716	Dina					20/9/22		8226110015	Dina	
12	1115	Ravi					11/7/23		9217808798	Ravi	
13	1152	Darsh					11/2/23		92180408	Darsh	
14	1133	Arati					11/7/23		8512898007777	Arati	
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BMW Magnet

ATTENDANCE SHEET

TRAINER: Parampoot 8/11

File No. 14

DATE: 21/10/23

S NO	EMP CODE	NAME	DESIGNATION	DEPARTMENT	LOCATION	DOJ	SHIFT (CR/L/N)	REMARKS
1	420	Lakshmi	GDA	H.K	Chb		Med. L	
2	477	Rina						
3	310	L. Lachari						
4	3209	ulana						
5	3797	SHUBHAM						
6	3811	monu						
7	313	Pelin						
8	394	Ruby 2						
9	400	Specta-5						
10	441	Pupali						
11	331	Pagbala						
12	380	Kiran						
13	485	Shabina						
14	404	Pamy						
15	440	Ankit						
16	436	Pooja						
17	343	Hites						
18	309	SHASHI						
19	421	P. Lachari						
20	488	SOLICIT						
21	469	Kamal						
22	401	Uday 2						
23	307	JHARANA						
24	335	SARAS						
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 Ruby 2
 Specta-5
 Pupali
 Pagbala
 Kiran
 Shabina
 Pamy
 Ankit
 Pooja
 Hites
 SHASHI
 P. Lachari
 SOLICIT
 Kamal
 Uday 2
 JHARANA
 SARAS

H.K



TRAINING TOPIC:-

S.NO. EMP. CODE

Bmw Regent

ATTENDANCE SHEET

TRAINER:-

R. P. Singh

DEPARTMENT

H.K.

LOCATION

S.H. 4

SHIFT:-

Eva.

CELL NO.

K. 42

File No. 24

DATE:-

15/11/23

SIGNATURE

Remark

1	401	LOKESH	G.D.	H.K.	S.H. 4	K. 42	OK	
2	988	Sonu						
3	412	BHARNA						
4	440	Akita Khend.						
5	400	Cretas						
6	894	Ruby 2						
7	362	meesha						
8	485	Shubham						
9	3809	monika						
10	307	JHARANA						
11	384	Usha						
12	368	Poonam						
13	338	Creta						
14	335	Polio						
15	353	Capri-2						
16	301	Boat						
17	473	Rings						
18	420	Laxmi						
19	310	Laxmi						
20	435	meesha						
21	469	Kamal						
22	385	Neha						
23	4001	Rings						
24	2640	Komal						
25	2706	Sonam						
26	3796	Saloni						
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ATTENDANCE SHEET

ATTENDANCE SHEET

Month

DATE: 8/14/23

TRAINING TOPIC	EMP. CODE	NAME	DESIGNATION	DEPARTMENT	LOCATION	DOJ	SHIFT - CELL NO	SIGNATURE	REMARK
1	1150	Alves	4-IC	H.K.	SHB4	11/12/23	6353080012	Alves	
2	1103	Lawrence				11/12/23	783871102	Lawrence	
3	1123	Sunny				11/12/23	880031841	Sunny	
4	1146	Chandana				11/12/23	935420426	Chandana	
5	1141	Krishna				11/12/23	880022602	Krishna	
6	1160	Bhargava				25/07/23	634345316	Bhargava	
7	31208	Sudhakar				22/07/22	634345316	Sudhakar	
8	50597	Kavitha				3/05/22	253255222	Kavitha	
9	1132	Ravi				11/12/23	880031841	Ravi	
10	1111	Wali				21/12/23	8882201133	Wali	
11	1152	Davendra				11/12/23	9309938021	Davendra	
12	31718	Rashmi				20/12/22	6746515831	Rashmi	
13	31716	Indu				30/9/22	332610442	Indu	
14	31713	Arti				20/9/22	85499352	Arti	
15	11818	Yash				11/7/23	8512819100	Yash	
16	1147	Ashwini				1/2-23	852131918	Ashwini	
17	1102	Ashima				21/7/23	7665159642	Ashima	
18	1131	Shruti				1/10/23	852131918	Shruti	
19	33471	Shruti				19/10/23	880031841	Shruti	
20	1128	2315				11/7/23	8860894060	2315	
21	1120	Abdul Ali				26/08/23	935420426	Abdul Ali	
22	1129	Arjun				1-9-23	9990994044	Arjun	
23	1120	Arjun				11-1		Arjun	
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INVESTIGATION		ATTENDANCE SHEET		DATE	
EMPLOYEE		NAME		SIGNATURE	
S.N.	EMPLOYEE	NAME	DESIGNATION	SHIFT	CELL NO.
1	126	Viken			
2	2263	Sac			
3	165	Kamuel			
4	2220	Ajasa			
5	2718	Saginet			
6	2683	Kadum/Kadum			
7	421	Bhulak			
8	401	Rubi			
9	888	Rubi			
10	275	Nitesh			
11	3809	Wong			
12	420	Lakshmin			
13	331	Poonam			
14	368	Poonam			
15	473	Rima			
16	310	Likarati			
17	335	Julia			
18	475	KANTA			
19	440	Ankit Anand			
20	470	K. P. Singh			
21	2682	Nulam			
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ATTENDANCE SHEET

File No.24

DATE: 5/09/2023

[illegible]

ATTENDANCE SHEET

File No. 24

TRAINING TOPIC: Basic Management

TRAINER: R. K. Singh

SHIFT: Home

DATE: 2/9/23

S.NO.	EMP. CODE	NAME	DESIGNATION	DEPARTMENT	LOCATION	DOJ	CELL NO.	SIGNATURE	Remark
1	55	Darpan	M. K	Housekeeping	S.H.R	1/7/22	9015844041	Darpan	
2	02	Igniter				1/7/22	9313849002	Igniter	
3	53	Kamal Singh				1/7/22	9851232800	Kamal	
4	94	AMAN				33/12/22	9990968314	AMAN	
5	107	Ratna				15/8/22	9022227899	Ratna	
6	109	Munna				17/2/23	9794864411	Munna	
7	129	Kishu				13/1/2023	90997659	Kishu	
8	125	Gopender				13/4/23	962346005	G	
9	33	Ravi Kumar				11/7/22	7-8353205	R	
10	112	Chetan				17/7/23	9821454957	Chetan	
11	23326	Charles				24/5/23	905351310	Charles	
12	1117	Scema				1/11/22	989285522	Scema	
13	1150	Atika				11/4/23	6288880819	Atika	
14	115	Ravi				1/12/23	7217208219	Ravi	
15	1105	King				11/7/23	965040146	King	
16	1111	Nishi				2/8/23	9892414522	Nishi	
17	1108								
18	30740	Ramday				11-4-22	7638464512	Ramday	
19	1162	Sunil				1-8-22	9860072144	Sunil	
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S NO	EMP CODE	NAME	DESIGNATION	DEPARTMENT	LOCATION	DOJ	CELL NO	SIGNATURE	Remark
1									
2	1130	P. S. S. S. S.							
3	30747	P. S. S. S. S.							
4	33235	Chiranjeev							
5	1119	Subhash							
6	11246	P. S. S. S. S.							
7	33431	Natal							
8	33523	Rajkumar							
9	95	K. S. S. S. S.							
10	1102	Ashima							
11	1138	S. S. S. S. S.							
12	9149	A. S. S. S. S.							
13	31716	Indu							
14	31718	Rakha							
15	1132	R. S. S. S. S.							
16	1104	H. S. S. S. S.							
17	1158	S. S. S. S. S.							
18	1137	S. S. S. S. S.							
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TRAINING FORM

ATTENDANCE SHEET

File No. 24

DATE: 27/8/23

S NO	EMP CODE	NAME	DESIGNATION	DEPARTMENT	LOCATION	DOJ	SHIFT NO	CELL NO	SIGNATURE	Remark
1	481	Shruti Malhotra	GDP	FGK	BHK 4		R 4712		Shruti	
2	33453	Muckan							Muckan	
3	493	Priyanka							Priyanka	
4	458	Priyanka							Priyanka	
5	424	Hai							Hai	
6	353	Greta-2							Greta	
7	405	Greta-5							Greta	
8	394	Ruby-2							Ruby	
9	326	Poonam-2							Poonam	
10	485	Sabina							Sabina	
11	412	Poonam-6							Poonam	
12	368	Poonam-6							Poonam	
13	377	Rakha-2							Rakha	
14	2693	Priyanka							Priyanka	
15	2706	Sonam							Sonam	
16	489	Dharmendra Kins							Dharmendra	
17	470	Katresh							Katresh	
18	335	Danu							Danu	
19	416	Nimmi							Nimmi	
20	238	Greta-3							Greta	
21	404	Ranu							Ranu	
22	428	Sakshi Kishan							Sakshi	
23	313	Shikha							Shikha	
24	492	Niraj							Niraj	
25	420	Laxmi							Laxmi	
26	310	Silviana							Silviana	
27	473	Rina							Rina	
28	2612	Heena							Heena	
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01/01/23

A.P. Singh

ATTENDANCE SHEET

File No. 24

DATE:- 27/8/23

S.NO.	EMP. CODE	NAME	DESIGNATION	TRAINER:-	DEPARTMENT	LOCATION	DOJ	SHIFT:-	CELL NO	SIGNATURE	DATE:-	REMARK
1	80747	Poothi	M.K	K.P. Sankar		SHB4.	01/4/23	834259546	Poothi			
2	1130	Suba					11/07/23	9654059512	Suba			
3	33428	Chitrangan					01/05/2023	7079400106	Chitrangan			
4	1119	Subash					1/7/23	853654824	Subash			
5	1153	Neha					1/7/23	"	Neha			
6	33421	Nalal					19/11/23	88844530	Nalal			
7	128	Suba					17/23	886089406	Suba			
8	1168	Bhalaqan					24/10/23	99087003	Bhalaqan			
9	1121	Suba					1/7/23	982455093	Suba			
10	1138	Suba					1/7/23	851284810	Suba			
11	1142	Suba					1/7/23	852136120	Suba			
12	1117	Seema					1/11/22	888288218	Seema			
13	31718	Anti Kumar					20/9/22	859597350	Anti Kumar			
14	31716	Indu					20/9/22	8526120425	Indu			
15	71718	Recha					26/9/22	852615581	Recha			
16	1108	Liyah					1/7/203	931533144	Liyah			
17	1104	Harish					1/7/23	9310676741	Harish			
18	1132	Kamrup					1/7/23	852716675	Kamrup			
19	1103	Gaurishankar					1/7/23	783876122	Gaurishankar			
20	1158	SUNIL					25/7/23	0810155524	SUNIL			
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K.P. Sankar

ATTENDANCE SHEET

File No. 24

DATE: 27/8/23

TRAINING TOPIC:- *BASIC MYNET*

TRAINER:- *RIPSIYH*

SHIFT:- *MoniP*

Remark

S.NO.	EMP.CODE	NAME	DESIGNATION	DEPARTMENT	LOCATION	DOJ	SHIFT	CELL NO	SIGNATURE	Remark
1	53	Kamran	CIDA	H.K	SHR	17/12/22	825112203	12003	Kamran	
2	02	Jagriti				17/12/22	930849005	50016	Jagriti	
3	15	DINESH				11/7/22	81276648	2000	Dinesh	
4	100	DEEPA				13/01/23	838390781	10000	DEEPA	
5	95	Khusshab				18-12-22	930572753	10000	Khusshab	
6	109	Munna				17/2/23	729486973	10000	Munna	
7	107	Ratnesh				15/6/23	828382759	10000	Ratnesh	
8	120	Ritika				13/6/2023	629517154	10000	Ritika	
9	125	Gopender				10/4/23	92516055	10000	Gopender	
10	100	Silver				27/6/20	88707896	10000	Silver	
11	28	An				11/7/22	760864	10000	An	
12	31305	Sudhanshu				21/08/22	620213449	10000	Sudhanshu	
13	111	Nidhi				2/7/23	880241403	10000	Nidhi	
14	1141	Kajal				11/7/23	980226052	10000	Kajal	
15	1105	Hing				11/7/23	96504816	10000	Hing	
16	30748	Riminder				11-4-23	7582904763	10000	Riminder	
17	1162	Sunil				1-8-23	838000020	10000	Sunil	
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RIPSIYH

ATTENDANCE SHEET

File No. 24

Bmw Nergut

R.P. Singh

SHIFT: Morning

DATE: 11/7/23

S.NO.	EMP. CODE	NAME	DESIGNATION	TRAINER: DEPARTMENT	LOCATION	DOJ	SHIFT: CELL NO	SIGNATURE	REMARK
1	18	Laxender	H.V.S.	H.K	SHB4	7/7/22	99214109214	Laxender	
2	12	101903112				7/7/23	72893011412	101903112	
3	48	Dinakar		H.K		1/7/22	9711758199	Dinakar	
4						15/9/23	465404772	MANOJ	
5	120	MANOJ				11/7/22	940587212	MANOJ	
6	77	Bhala Wary				10/10/23	962516635	Bhala Wary	
7	125	Laxender				11/7/22	885123282	Laxender	
8	53	Kamal Singh				7/7/23	985420420	Kamal Singh	
9	20	Shantanu				1/7/23	9826110112	Shantanu	
10	102	Kundan				11/11/23	8892868228	Seema	
11	90	Seema				1/7/22	9711994412	Seema	
12	61	Anshu Prakash				20/10/22	0158026006	Anshu Prakash	
13	31722	Cheera J Ko							
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TRAINING TOPIC:-

ATTENDANCE SHEET

File No.24

DATE:

11/6/23

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DATE:

11/6/22

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TRAINING TOPIC:-

Bruce Nagent

ATTENDANCE SHEET,
Samanthan Panthar

File No. 24

DATE: 01/09/2023

S.NO.	EMP CODE	NAME	DESIGNATION	TRAINING DEPARTMENT	LOCATION	GOJ	SHIFT CELL NO	Signature	DATE	Remark
1	4152	Gandam	GDA	GDA	SAB4		A6042	Gandam		
2	441	Rupali						Rupali		
3	2718	Sakina						Sakina		
4	2623	Kavita						Kavita		
5	207	JHARIN						JHARIN		
6	2683	Kanchan						Kanchan		
7	2703	Pooja						Pooja		
8	30769	meenakshi						meenakshi		
9	368	Poonam-6						Poonam-6		
10	483	Kamuna						Kamuna		
11	439	Kiran						Kiran		
12	30898	Bipasha						Bipasha		
13	384	Vidya						Vidya		
14	450	Diksha						Diksha		
15	415	Gudiga						Gudiga		
16	420	Lakshmi						Lakshmi		
17	361	Sang						Sang		
18	396	Vandana						Vandana		
19	310	Lakshmi						Lakshmi		
20	403	Suman						Suman		
21	331	Shruti						Shruti		
22	326	Pooja-2						Pooja-2		
23	344	Ruby-2						Ruby-2		
24	325	Sudha						Sudha		
25	436	Ruchi						Ruchi		
26	244	Nandini						Nandini		
27	386	Suhita						Suhita		
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Nelam
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ATTENDANCE SHEET

File No. 24

TRAINING TOPIC			TRAINING			SHEET		DATE	
GND			DEPARTMENT			CELL NO		REMARK	
1	508	Rubi-1	COA	HKS	SHD	Rubi-1		25/03/2023	
2	2683	Kanchan Mallick	COA			Kanchan			
3	2684	Hena				Hena			
4	357	Keena				Keena			
5	481	Sunila H				Sunila H			
6	20130	Amisha				Amisha			
7	328	Ashu-1				Ashu-1			
8	305	Ashu-4				Ashu-4			
9	32605	Pratik				Pratik			
10	2699	Rajal				Rajal			
11	2653	Prerna				Prerna			
12	336	Ashu-3				Ashu-3			
13	436	Bandha				Bandha			
14	408	Bandha				Bandha			
15	2087	Bandha				Bandha			
16	817	Seema-1				Seema-1			
17	804	Seema-1				Seema-1			
18	363	Siman-4				Siman-4			
19	2694	Seema Kumar				Seema Kumar			
20	406	Mamta-3				Mamta-3			
21	467	Kusum				Kusum			
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