

Pristyn Care Fertility

Re : JGH/BMW/MS/2025

Date 06/01/26

To
Senior Environment engineer
WMC-1 DPCC
Dept.of environment,
4th&5th Floor ISBTBuilding
Kashmiri gate
Delhi-110006

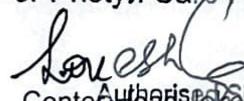
Sub; Submission of Annual Record of Bio-Medical Waste

Dear sir

Please find enclosed the annual record for the year 2025 of Bio Medical waste generated in
Pristyn care fertility 12 Navjeevan vihar malviya nagar New Delhi 110017

Yours sincerely

For Pristyn Care Fertility


Authorised Signature
Center Head: Lokesha Rawla

Pristyn care Fertility
12 Navjeevan vihar New delhi 110017

Abhijit 9/11/26
(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)]

Sl. No	Particulars		
1.	Particulars of the Occupier	:	Annual Report of Jan 25 to Dec 25
	(i) Name of the authorised person (occupier or operator of facility)	:	MR. LOKESH CHOWLA
	(ii) Name of Health Care Facility	:	PRISTYN CARE Fertility Super Specialty & IVF Hosp. at
	(iii) Address for Correspondence	:	12, Jayceen Nivas, Yatayat, Andheri, Mumbai, Maharashtra 400012
	(iv) Address of Facility	:	Same as above
	(v) Tel. No, Fax. No	:	09220479231
	(vi) E-mail ID	:	Pris@pristynfertility.com
	(vii) URL of Website	:	—
	(viii) GPS coordinates of Health Care Facility	:	23°4'N 76°1'E
	(ix) Ownership of Health Care Facility	:	(State Government or Private or Semi Govt. or any other) Private
	(x). Status of Authorisation under the Bio-Medical Waste (Management and Handling) Rules	:	Authorisation No.: 55367462 valid up to 19/08/2025 to 04/07/2025
	(xi). Status of Consents under Water Act and Air Act	:	Valid up to: Not applicable
2	Type of Health Care Facility	:	Private HCF Bedded
	(i) Bedded Hospital	:	No. of Beds: 8 beds
	(ii) Non-bedded hospital (Clinic or Blood Bank or Clinical Laboratory or Research Institute or Veterinary Hospital or any	:	Not applicable

	other)		—		
	(iii) License number and its date of expiry		<i>Not applicable</i>		
3	Quantity of waste generated or disposed in Kg per annum (on monthly average basis)	:	Yellow Category : <i>430 kg</i> Red Category : <i>993 kg</i> White: <i>17 kg</i> Blue Category : <i>28 kg</i> General Solid waste: <i>—</i>		
4	Details of the Storage, treatment, transportation, processing and Disposal Facility				
	(i) Details of the on-site storage facility	Size :	<i>4050 m² meter</i>		
		Capacity :	<i>upto 48 hours</i>		
		Provision of on-site storage : (cold storage or any other provision)			
	(ii)disposal facilities	Type of treatment equipment	No of units	Capacity Kg/day	Quantity treated or disposed in kg per annum
		Incinerators			
		Plasma Pyrolysis			
		Autoclaves			
		Microwave			
		Hydroclave			
		Shredder			
		Needle tip cutter or destroyer			

			Sharps Encapsulation or concrete pit			
			Deep burial pits			
			Chemical disinfection			
			Any other treatment equipment			
	(iii) Quantity of recyclable wastes sold to authorised recyclers after treatment in kg per annum.		Red Category (like plastic, glass etc.) <i>Not applicable</i>			
	(iv) No of vehicles used for collection and transportation of biomedical waste		<i>—</i>			
	(v) Details of incineration ash and ETP sludge generated and disposed during the treatment of wastes in Kg per annum		Incineration & Ash ETP Sludge	Quantity Generated	where Disposed	
	(vii) List of member HCF not handed over bio-medical waste.		<i>Bio-medical waste not used.</i>			
5	Do you have bio-medical waste management committee? If yes, attach minutes of the meetings held during the reporting period		<i>Yes</i>			
6	Details trainings conducted on BMW		<i>Yes</i>			
	(i) Number of trainings conducted on BMW Management.		<i>16</i>			
	(ii) number of personnel trained		<i>109</i>			
	(iii) number of personnel trained at the time of induction		<i>109</i>			
	(iv) number of personnel not undergone any training so far		<i>—</i>			
	(v) whether standard manual for		<i>—</i>			

	training is available?		—
	(vi) any other information)		
7	Details of the accident occurred during the year		/
	(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.		
8	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		/
9	Liquid waste generated and treatment methods in place. How many times you have not met the standards in a year?		Yes
10	Is the disinfection method or sterilization meeting the log 4 standards? How many times you have not met the standards in a year?		/
11	Any other relevant information		(Air Pollution Control Devices attached with the Incinerator) <i>not applicable</i>

Certified that the above report is for the period from

Jan 2025 to Dec 2025

Institution

*PRISTYN CARE FERTILITY
IVF & Super Speciality
Hospital*

Date:

Place

07/01/2026

Name and Signature of the Head of the

For Pristyn Care Fertility

*Authorised Signatory
for use*