

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 ISBT Building  
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

  
Authorized Signatory  
Center Head, Lokesh Chawla

Pristyn care Fertility  
12 Navjeevan vihar New delhi 110017

  
(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 chawla
	(ii) Name of Health Care Facility		PRISTYN CARE Facility Super Speciality & IVF Hosp. at
	(iii) Address for Correspondence		12, Nandeeswar Nagar, Yatalah, Chennai, Madhav Nagar, New Delhi-110044
	(iv) Address of Facility		Same as above
	(v) Tel. No, Fax. No		09220479231
	(vi) E-mail ID		pristynarefacility@pristynare.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.: 5586746Z ..... valid up to ..... 19/08/2025 to 04/07/2030
	(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		Not applicable			
3	Quantity of waste generated or disposed in Kg per annum (on monthly average basis)	:	Yellow Category : 430 kg			
			Red Category : 993 kg			
			White: 17 kg			
			Blue Category : 28 kg			
			General Solid waste: —			
4	Details of the Storage, treatment, transportation, processing and Disposal Facility					
	(i) Details of the on-site storage facility		Size : 40 sq meter			
			Capacity : Up to 48 hours			
			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		—			
	(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>Biotri waste not hnd.</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		✓			
	(v) whether standard manual for		—			

	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?		
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 & Surrogacy  
Hospital*

Date:

Place

*07/01/2026*

Name and Signature of the Head of the

For Pristyn Care Fertility

*[Signature]*  
Authorised Signatory