



**ARCHANA**  
—HOSPITALS—

BOOK APPOINTMENT NOW  
**9376 690 459**

Date: 07<sup>th</sup> January 2026

To  
The Environmental Engineer  
TS Pollution Control Board  
A-3, Paryavaran Bhavan, Sanath Nagar Rd,  
Sanath Nagar Industrial Estate, Sanath Nagar,  
Hyderabad, Telangana 500018

**Sub:** Submission of Form IV for the period from **01.01.2025 to 31.12.2025**, M/s  
**Archana Hospital B-Block Extension**, H.No 1-58/A/8, S.S Heights, Madinaguda(V),  
Miyapur, Serilingampally(M), Rangareddy District, Telangana – 500049.

Dear Sir,

With reference to the above-cited subject and subsequent to your requirement we are herewith  
enclosing the Form IV for the period from **01.01.2025 to 31.12.2025**.

Please receive and acknowledge the same.

Thanking you and assuring you best of our cooperation at all times.

Yours faithfully

For M/s Archana Hospital B-Block Extension

Mr. Dukuntla Venkata Krishna  
(Unit Head)



Encl: As Above



**Block - A:**  
H. No.: 1-56/AH, Madinaguda,  
Hyderabad - 500 049

**Block - B:**  
H.No.: 1-58/A/8, S S Heights,  
Madinaguda, Serilingampally,  
Rangareddy Dist - 500 049. T.S.

PATIENT HELPLINE NUMBER  
**08065 105 031**

We accept all Health Insurance Patients, State Govt. Employees Patients & Aarogyasri Patients



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Medicare Environmental Management Pvt. Ltd (Telangana)  
Sy.No.619, Pashamylaram Industrial Area, Isnapur (V), Patancheru (M), Sangareddy (D)  
Hyderabad Telangana - 502307  
8851670472

**ANNUAL REPORT - 2025**

**HCF NAME:** M/s Archana Hospital B-Block Extension

**Address:** H.No 1-58/A/8, S.S Heights, Madinaguda(V), Miyapur, Serlingampally(M),  
Rangareddy District, Telangana – 500049.

**Hospital ID:** 949682

| S.No | Month          | Yellow<br>(Kgs) | Red Bags<br>(Kgs) | Blue Mark<br>(Kgs) | White Sharp<br>(Kgs) | Cytotoxic<br>(Kgs) | Total(Kgs)     |
|------|----------------|-----------------|-------------------|--------------------|----------------------|--------------------|----------------|
| 1    | January-2025   | 52.00           | 49.00             | 8.00               | 2.00                 | 0.00               | 111.00         |
| 2    | February-2025  | 41.00           | 41.00             | 8.00               | 1.00                 | 0.00               | 91.00          |
| 3    | March-2025     | 49.00           | 48.00             | 20.00              | 2.00                 | 0.00               | 119.00         |
| 4    | April-2025     | 46.00           | 37.00             | 16.00              | 2.00                 | 0.00               | 101.00         |
| 5    | May-2025       | 65.00           | 54.00             | 18.00              | 2.00                 | 0.00               | 139.00         |
| 6    | June-2025      | 51.00           | 50.00             | 16.00              | 0.00                 | 0.00               | 117.00         |
| 7    | July-2025      | 54.00           | 52.00             | 8.00               | 2.00                 | 0.00               | 116.00         |
| 8    | August-2025    | 48.00           | 51.00             | 8.00               | 1.00                 | 0.00               | 108.00         |
| 9    | September-2025 | 47.00           | 54.00             | 12.00              | 2.00                 | 0.00               | 115.00         |
| 10   | October-2025   | 50.00           | 64.00             | 11.00              | 2.00                 | 0.00               | 127.00         |
| 11   | November-2025  | 74.00           | 50.00             | 7.00               | 5.00                 | 0.00               | 136.00         |
| 12   | December-2025  | 62.00           | 61.00             | 24.00              | 2.00                 | 0.00               | 149.00         |
|      | <b>Total</b>   | <b>639.00</b>   | <b>611.00</b>     | <b>156.00</b>      | <b>23.00</b>         | <b>0.00</b>        | <b>1429.00</b> |

*Handwritten signature*  
Mr. Dukuntla Venkata Krishna  
(Unit Head)  
Archana Hospital



**Block - A:**  
H. No.: 1-56/AH, Madinaguda,  
Hyderabad - 500 049

**Block - B:**  
H.No.: 1-58/A/8, S S Heights,  
Madinaguda, Serilingampally,  
Rangareddy Dist - 500 049. T.S.

PATIENT HELPLINE NUMBER  
**08065 105 031**

We accept all Health Insurance Patients, State Govt. Employees Patients & Aarogyasri Patients



**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                                                              | : | M/s Archana Hospital B-Block Extension                                                                                   |
|        | (i) Name of the authorised person (occupier or operator of facility)                     | : | Mr. Dukuntla Venkata Krishna(Unit Head)                                                                                  |
|        | (ii) Name of Health Care Facility                                                        |   | M/s Archana Hospital B-Block Extension                                                                                   |
|        | (iii) Address for Correspondence                                                         |   | H.No 1-58/A/8, S.S Heights, Madinaguda(V), Miyapur, Serlingampally(M), Rangareddy District, Telangana – 500049.          |
|        | (iv) Address of Facility                                                                 |   | H.No 1-58/A/8, S.S Heights, Madinaguda(V), Miyapur, Serlingampally(M), Rangareddy District, Telangana – 500049.          |
|        | (v)Tel. No, Fax. No                                                                      |   | 08065105031                                                                                                              |
|        | (vi) E-mail ID                                                                           |   | pristyncarearchana@pristyncare.com                                                                                       |
|        | (vii) URL of Website                                                                     |   | http://www.pristyncare-archana.com/                                                                                      |
|        | (viii) GPS coordinates of Health Care Facility                                           |   |                                                                                                                          |
|        | (ix) Ownership of Health Care Facility                                                   |   | Private                                                                                                                  |
|        | (x). Status of Authorisation under the Bio-Medical Waste (Management and Handling) Rules |   | Authorisation No:<br>Order No. TSPCB/BMWA/RR-I-3989657/HO/2022-1260<br>.....<br>Date: 12.11.2022 Valid up to: 31.07.2032 |
|        | (xi). Status of Consents under Water Act and Air Act                                     |   | Authorisation No:<br>Order No. 397-RR-I/TSPCB/ZOH/HCF/CFO/2022-878<br>.....<br>Date: 23.09.2022 Valid up to: 31.07.2032  |
| 2      | Type of Health Care Facility                                                             | : | Super Specialty Hospital                                                                                                 |
|        | (i) Bedded Hospital                                                                      | : | No. of Beds: 100                                                                                                         |

*Handwritten signature:* 18/06/2022

*Stamp:* ARCHANA HOSPITALS  
Madinaguda

|                             | (ii) Non-bedded hospital (Clinic or Blood Bank or Clinical Laboratory or Research Institute or Veterinary Hospital or any other) | :               | NA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                             |             |                 |                                              |              |    |  |  |                  |    |  |  |            |    |  |  |           |    |  |  |            |    |  |  |          |    |  |  |
|-----------------------------|----------------------------------------------------------------------------------------------------------------------------------|-----------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|-------------|-----------------|----------------------------------------------|--------------|----|--|--|------------------|----|--|--|------------|----|--|--|-----------|----|--|--|------------|----|--|--|----------|----|--|--|
|                             | (iii) License number and its date of expiry                                                                                      |                 | NA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                             |             |                 |                                              |              |    |  |  |                  |    |  |  |            |    |  |  |           |    |  |  |            |    |  |  |          |    |  |  |
| 3                           | Quantity of waste generated or disposed in Kg per annum (on monthly average basis)                                               | :               | Yellow Category : 639 Kg/annum; 53.25 kg/month                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                             |             |                 |                                              |              |    |  |  |                  |    |  |  |            |    |  |  |           |    |  |  |            |    |  |  |          |    |  |  |
|                             |                                                                                                                                  |                 | Red Category : 611 Kg/annum; 50.92 kg/month                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                             |             |                 |                                              |              |    |  |  |                  |    |  |  |            |    |  |  |           |    |  |  |            |    |  |  |          |    |  |  |
|                             |                                                                                                                                  |                 | White: 23.00 Kg/annum; 1.92 kg/month                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                             |             |                 |                                              |              |    |  |  |                  |    |  |  |            |    |  |  |           |    |  |  |            |    |  |  |          |    |  |  |
|                             |                                                                                                                                  |                 | Blue Category : 156.00 Kg/annum; 13.00 kg/month                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                             |             |                 |                                              |              |    |  |  |                  |    |  |  |            |    |  |  |           |    |  |  |            |    |  |  |          |    |  |  |
|                             |                                                                                                                                  |                 | General Solid waste: 3477 Kg/annum; 290kg/month                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                             |             |                 |                                              |              |    |  |  |                  |    |  |  |            |    |  |  |           |    |  |  |            |    |  |  |          |    |  |  |
| 4                           | Details of the Storage, treatment, transportation, processing and Disposal Facility                                              |                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                             |             |                 |                                              |              |    |  |  |                  |    |  |  |            |    |  |  |           |    |  |  |            |    |  |  |          |    |  |  |
|                             | (i) Details of the on-site storage facility                                                                                      |                 | Size : NA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                             |             |                 |                                              |              |    |  |  |                  |    |  |  |            |    |  |  |           |    |  |  |            |    |  |  |          |    |  |  |
|                             |                                                                                                                                  |                 | Capacity : NA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                             |             |                 |                                              |              |    |  |  |                  |    |  |  |            |    |  |  |           |    |  |  |            |    |  |  |          |    |  |  |
|                             |                                                                                                                                  |                 | Provision of on-site storage : (The Biomedical waste is stored in color coded bins in air conditioned rooms for not more than 48 hours)                                                                                                                                                                                                                                                                                                                                                                                                 |                             |             |                 |                                              |              |    |  |  |                  |    |  |  |            |    |  |  |           |    |  |  |            |    |  |  |          |    |  |  |
|                             | (ii) disposal facilities                                                                                                         |                 | <table> <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> <tr> <td>Incinerators</td><td>NA</td><td></td><td></td></tr> <tr> <td>Plasma Pyrolysis</td><td>NA</td><td></td><td></td></tr> <tr> <td>Autoclaves</td><td>NA</td><td></td><td></td></tr> <tr> <td>Microwave</td><td>NA</td><td></td><td></td></tr> <tr> <td>Hydroclave</td><td>NA</td><td></td><td></td></tr> <tr> <td>Shredder</td><td>NA</td><td></td><td></td></tr> </table> | Type of treatment equipment | No of units | Capacity Kg/day | Quantity treated or disposed in kg per annum | Incinerators | NA |  |  | Plasma Pyrolysis | NA |  |  | Autoclaves | NA |  |  | Microwave | NA |  |  | Hydroclave | NA |  |  | Shredder | NA |  |  |
| Type of treatment equipment | No of units                                                                                                                      | Capacity Kg/day | Quantity treated or disposed in kg per annum                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                             |             |                 |                                              |              |    |  |  |                  |    |  |  |            |    |  |  |           |    |  |  |            |    |  |  |          |    |  |  |
| Incinerators                | NA                                                                                                                               |                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                             |             |                 |                                              |              |    |  |  |                  |    |  |  |            |    |  |  |           |    |  |  |            |    |  |  |          |    |  |  |
| Plasma Pyrolysis            | NA                                                                                                                               |                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                             |             |                 |                                              |              |    |  |  |                  |    |  |  |            |    |  |  |           |    |  |  |            |    |  |  |          |    |  |  |
| Autoclaves                  | NA                                                                                                                               |                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                             |             |                 |                                              |              |    |  |  |                  |    |  |  |            |    |  |  |           |    |  |  |            |    |  |  |          |    |  |  |
| Microwave                   | NA                                                                                                                               |                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                             |             |                 |                                              |              |    |  |  |                  |    |  |  |            |    |  |  |           |    |  |  |            |    |  |  |          |    |  |  |
| Hydroclave                  | NA                                                                                                                               |                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                             |             |                 |                                              |              |    |  |  |                  |    |  |  |            |    |  |  |           |    |  |  |            |    |  |  |          |    |  |  |
| Shredder                    | NA                                                                                                                               |                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                             |             |                 |                                              |              |    |  |  |                  |    |  |  |            |    |  |  |           |    |  |  |            |    |  |  |          |    |  |  |

19/01/2026



|   |                                                                                                                             |  |                                      |                    |                |  |
|---|-----------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------|--------------------|----------------|--|
|   |                                                                                                                             |  | Needle tip cutter or destroyer       | NA                 |                |  |
|   |                                                                                                                             |  | Sharps Encapsulation or concrete pit | NA                 |                |  |
|   |                                                                                                                             |  | Deep burial pits                     | NA                 |                |  |
|   |                                                                                                                             |  | Chemical disinfection                | NA                 |                |  |
|   |                                                                                                                             |  | Any other treatment equipment        | NA                 |                |  |
|   | (iii) Quantity of recyclable wastes sold to authorized recyclers after treatment in kg per annum.                           |  | NA                                   |                    |                |  |
|   | (iv) No of vehicles used for collection and transportation of biomedical waste                                              |  | 01                                   |                    |                |  |
|   | (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 |  |
|   |                                                                                                                             |  | NA                                   | NA                 | NA             |  |
|   | (vii) List of member HCF not handed over bio-medical waste.                                                                 |  | NA                                   |                    |                |  |
| 5 | Do you have bio-medical waste management committee? If yes, attach minutes of the meetings held during the reporting period |  | NA                                   |                    |                |  |
| 6 | Details trainings conducted on BMW                                                                                          |  | YES                                  |                    |                |  |
|   | (i) Number of trainings conducted on BMW Management.                                                                        |  | 2                                    |                    |                |  |
|   | (ii) number of personnel trained                                                                                            |  | YES                                  |                    |                |  |

19ml  
07/01/2016





|    |                                                                                                                                   |  |                                                              |
|----|-----------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------|
|    | (iii) number of personnel trained at the time of induction                                                                        |  | YES                                                          |
|    | (iv) number of personnel not undergone any training so far                                                                        |  | 0                                                            |
|    | (v) whether standard manual for training is available?                                                                            |  | YES                                                          |
|    | (vi) any other information)                                                                                                       |  | NILL                                                         |
| 7  | Details of the accident occurred during the year                                                                                  |  |                                                              |
|    | (i) Number of Accidents occurred                                                                                                  |  | NA                                                           |
|    | (ii) Number of the persons affected                                                                                               |  | NA                                                           |
|    | (iii) Remedial Action taken (Please attach details if any)                                                                        |  | NA                                                           |
|    | (iv) Any Fatality occurred, details.                                                                                              |  | NA                                                           |
| 8  | Are you meeting the standards of air Pollution from the incinerator? How many times in last year could not met the standards?     |  | INCINERATOR NOT AVAILABLE WITH OUR ORGANIZATION. OUOTSOURCED |
|    | Details of Continuous online emission monitoring systems installed                                                                |  | OUTSOURCED                                                   |
| 9  | Liquid waste generated and treatment methods in place. How many times you have not met the standards in a year?                   |  | NA                                                           |
| 10 | Is the disinfection method or sterilization meeting the log 4 standards? How many times you have not met the standards in a year? |  | NA                                                           |
| 11 | Any other relevant information                                                                                                    |  | NILL                                                         |

Certified that the above report is for the period from January 2025 to December 2025

Name and Signature of the Head of the Institution

DATE: 07-01-2026

PLACE: HYDERABAD

