



Eminent Hospital

(A Unit of Pratyush Healthcare Pvt. Ltd.)



Hosp. Reg No. : NH/0254/FEB-2020
CIN No. : U85300MP2019PTC048770

07-01-2026

To

The Environmental Engineer
M. P. Pollution Control Board Indore
Plot No. 1, Scheme Number 78, Vijay Nagar, Part II, Scheme 78, Vijay Nagar,
Indore, Madhya Pradesh 452010

Subject : Submission of Form IV for the period from January 2025 - December 2025 M/s
Eminent Hospital (A unit of Pratyush Healthcare Pvt .Ltd) 6/1 Old Palasia Opp .Badwani
Plazza Indore -Pin Code 452018

Respected Sir ,

With reference to the above cited subject and subsequent to your requirement . We are
herewith enclosing a Form IV for the period from January 2025 - December 2025 .

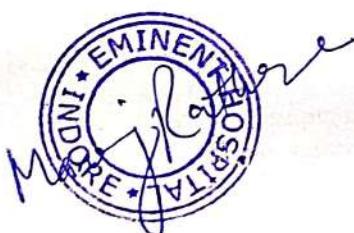
Please receive and acknowledge the same

Thanking you and assuring you our best cooperation at all times

Yours Faithfully,

For M/s Eminent Hospital (A unit of Pratyush Healthcare Pvt .Ltd)

Mr. Manoj Rathore
(Centre Head)





PESHCO-2021-4823
EH/1221/LH/51

Eminent Hospital
(A Unit of Pratyush Healthcare Pvt. Ltd.)



Hosp. Reg No. : NH/0254/FEB-2020
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EMINENT HOSPITAL (A UNIT OF PRATYUSH HEALTHCARE PVT.LTD

Total waste (Quantity in Kg) from period Jan 2025 - Dec 2025

Year - 2025

MONTH	YELLOW	RED	WHITE (in number)	BLUE
Jan-25	201	227	20 cans	225
Feb-25	169	205	5 cans	194
Mar-25	161	185	4 cans	215
Apr-25	174	156	4 cans	164
May-25	150	154	4 cans	139
Jun-25	128	127	10 cans	96
Jul-25	131	109	9 cans	128
Aug-25	110	95	8 cans	94
Sep-25	90	93	7 cans	85
Oct-25	113	74	9 cans	75
Nov-25	108	100	7 cans	77
Dec-25	173	120	15 cans	120
Total (in kg)	1708 kg	1645 kg	102 cans	1612 kg



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 Eminent Hospital (A unit of Pratyush Healthcare Pvt Ltd)
	(i) Name of the authorised person (occupier or operator of facility)	:	Mr. Manoj Rathore (Centre Head)
	(ii) Name of Health Care Facility	:	M/s Eminent Hospital (A unit of Pratyush Healthcare Pvt Ltd)
	(iii) Address for Correspondence	:	6/1 Old Palasia, opp Badwani Plaza, Indore - 452018
	(iv) Address of Facility	:	6/1 Old Palasia, opp Badwani Plaza, Indore - 452018
	(v) Tel. No, Fax. No	:	9755591555
	(vi) E-mail ID	:	eminenthospital @ gmail.com
	(vii) URL of Website	:	https://eminenthospital.com
	(viii) GPS coordinates of Health Care Facility	:	22.723465, 75.889090
	(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.:A.W.H.B.....123793..... 12.08.2024...valid up to ..31.01.2030
	(xi). Status of Consents under Water Act and Air Act	:	Valid up to: 31 - 01 - 2027
2	Type of Health Care Facility	:	Super Speciality Hospital
	(i) Bedded Hospital	:	No. of Beds: 50 bedded
	(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		PCB Consent No - AWHB - 123793 (31/01/2027) CMHO Reg No - NH/0254/FEB-2020 (valid upto 31/03/2028)																																
3	Quantity of waste generated or disposed in Kg per annum (on monthly average basis)	:	Yellow Category : 1708 kg / annum 142.33 kg / month																																
			Red Category : 1645 kg / annum 137.08 kg / month																																
			White: 102 cans																																
			Blue Category : 1612 kg / annum 134.33 kg / month																																
			General Solid waste: NA																																
4	Details of the Storage, treatment, transportation, processing and Disposal Facility																																		
	(i) Details of the on-site storage facility		Size : 12 x 14 ft																																
			Capacity :																																
			Provision of on-site storage : (cold storage or any other provision)																																
	(ii) disposal facilities		<table border="1"> <thead> <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> </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></td> <td></td> <td></td> </tr> <tr> <td>Microwave</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Hydroclave</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> </tbody> </table>	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			
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		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.)			
	(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	
	(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	Yes			
6	Details trainings conducted on BMW	06			
	(i) Number of trainings conducted on BMW Management.	Ind 09	09		
	(ii) number of personnel trained	137			
	(iii) number of personnel trained at the time of induction				
	(iv) number of personnel not undergone any training so far	NA			
	(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.		NA NA NA 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 in the premises - outsourced
	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?		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		(Air Pollution Control Devices attached with the Incinerator)

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

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MR. MANOJ RATHORE (CENTRE HEAD)
Name and Signature of the Head of the

Institution

Date: 07-01-2026

Place Indore, M.P

