

SANGHAMITRA HOSPITALS PRIVATE LIMITED

CIN: U85110 AP 2008 PTC060069

D. No. 5-82-1, Ambedkar Colony Extension, Near South Bypass Junction, Beside Swathi Pipes, ONGOLE - 523 002, Prakasam Dist., Andhra Pradesh, INDIA.

om VABH

H-2017-0455

Phone: 08592 - 234599, Fax: 08592 - 221007, 7799885570. website: www.sanghamitrahospitals.com

ANNEXURE-I

Date:24-01-2025

To

Environmental Engineer,

A.P Pollution Control Board,

Regional Office,

Ongole 523002.

Sub: Annual Report for the calendar year 2023 under the Bio medical waste (Management and Handing) Rules, 2016.

Dear Sir,

This is with your reference to the above-mentioned subject, Sanghamitra Hospital private Limited would like to state as below;

We are enclosing duly filled Annual Report in Form-IV for the calendar year 2024 under the Bio medical waste (Management and Handling) Rules, 2016 for your perusal.

We hope you will find the same in order

Thanking you,

Your Faithfully.

Dr.Nitin Nalluri

Chief Operations Officer

Whall

Sanghamitra Hospital Pvt Ltd.





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H-2017-0455

Dt: .23-1-2025

To

The Environmental Engineer, A.P. Pollution Control Board, Regional office, GUNTUR.

Respected Sir,

Sub: Submission of Biomedical waste(BMW) Annual report Form IV & CFO condition wise compliance report of M/s. Sanghamitra Hospital

Private Limited, Dno.5-82-1, Ambedakar Colony Extension,

South Bypass Road, Ongole, Prakasam District. - Submitted - Reg.

We are here with submitting the Biomedical waste (BMW) Annual report (Form IV) and CFO Condition wise Compliance report for the period from July 2024 to December 2024 of M/s. Sanghamitra Hospital Private Limited, D.No.5-82-1, Ambedakar Colony, Extension South Bypass Road, Ongole, Prakasam (District).

Thanking you,

Yours sincerely,

M/s. Sanghamitra Hospital Private 2

Encl: 1. Annual report (BMW-Form I)

2.CFO condition wise Compliance Report

Form - IV (See rule 13) ANNUAL REPORT

SI.	Particulars	1			
No					
1.	The Goodpier	٠,			
	(i) Name of the authorised person (occupier or operate of facility)	r :	Sanghamitra Hospital Private limited		
	(ii) Name of HCF or CBMWTF	1:	Sanghamitra Hospital		
	(iii) Address for Correspondence	:	Dno.5-82-1, Ambedakar Colony Extens South Bypass Road, Ongole-523001. Prakasam District.		
•	(iv) Address of Facility		Dno.5-82-1, Ambedakar Colony Extension South Bypass Road, Ongole-523001. Prakasam District.		
	(v)Tel. No, Fax. No	:	08592-286777		
	(vi) E-mail ID	:	hic.ongole@rameshhospitals.com		
	(vii) URL of Website				
	(viii) GPS coordinates of HCF		Latitude 15.4791° N Longitude: 80.0484°E		
	(ix) Ownership of HCF	:	Private		
	(x). Status of Authorisation under the Bio-Medical Waste (Management and Handling) Rules	:	Authorization No.: Order. No: P-170/APPCB/ZOVJA/ CFO/W&A/2022.		
	(xi). Status of Consents under Water Act and Air Act	:	Valid from: 14/09/2022 Valid up to: 31/07/2027		
2.	Type of Health Care Facility	:	HOSPITAL		
	(i) Bedded Hospital		No. of Beds: 150		
	(ii) Non-bedded hospital				
	(Clinic or Blood Bank or Clinical Laboratory or Research Institute or Veterinary Hospital or any other)	•	N/A-		
	(iii) License number and its date of expiry				
	Details of CBMWTF	.			
	(i) Number healthcare facilities covered by CBMWTF	:			
	(ii) No of beds covered by CBMWTF	:	N/A		
((iii) Installed treatment and disposal capacity of CBMWTF:	:	- N/A Kg per day		

	(iv) Quantity of biomedical waste tree by CBMWTF	eated o	or disposed			N/A -Kg/	/day	
4.	Quantity of waste generated or disposed in Kg per annum (on monthly average basis)			:	Yellow Category :3630 Red Category :4960 White:360 Blue Category :1050 General Solid waste: - Taken by			
					Municip	oal Corpo	ration.2	Taken by 20 KG/PER
5	Details of the Storage, treatment, tran	sporta	ation, process	ing ar	DAY	al Facility		,
	(i) Details of the on-site storage	-10 X	5 X 5 34	TDC	<u> </u>			
	facility			:-10 X 5 X 5. MTRS				
			Capacity :-250KGS					
	(I) B		Provision of on-site storage : (cold storage of any other provision)					
	(ii) Details of the treatment or disposal facilities	:	Type of equipme		nent	No of unit s	Cap acit y	Quantity treatedo r
	(iii) Quantity of recyclable wastes			ě			Kg/ day annum	disposed in kg per
(:			Microwa Shredder Needle ti destroyer Sharps er concrete pits: Cher disinfecti Any othe equipmen	p cutte ncapsu pit De mical on: r treatn t:	ulation or ep burial			
tr	old to authorized recyclable wastes pold to authorized recyclers after reatment in kg per annum.	:	NA - Red	Categ	ory (like p	olastic, gl	ass etc.)
1	nd transportation of biomedical aste	:	01					
W			-				71	
(v E	P) Details of incineration ash and TP sludge generated and disposed		Quantity Generated		8		Vhere	
(v E:) Details of incineration ash and IP sludge generated and disposed uring the treatment of wastes in Kg per num						isposed	
(vi Wathr	TP sludge generated and disposed uring the treatment of wastes in Kg per		Generated Incineratio	e	vaste Trea	d	isposed	

6	Do you have bio-medical waste management committee? If yes, attach minutes of the meetings held during the reporting period		YES
7	Details trainings conducted on BMW	1	YES
	(i) Number of trainings conducted on BMW Management.		25
	(ii) number of personnel trained	1	85
	(iii) number of personnel trained at the time of induction		60
	(iv) number of personnel not undergone any training so far		0
	(v) whether standard manual for training is available?		YES
	(vi) any other information)		NA
8	Details of the accident occurred during the year		
	(i) Number of Accidents occurred	<u> </u>	0
	(ii) Number of the persons affected		0 ,
	(iii) Remedial Action taken (Please attach details if any)		. NA
	(iv) Any Fatality occurred, details.		
9.	Are you meeting the standards of air Pollution from the incinerator? How many times in last year could not met the standards?		NA
	Details of Continuous online emission monitoring systems installed		NOT INSTALLED
10	Liquid waste generated and treatment methods in place. How many times you have not met the standards in a year?		NA
11	Is the disinfection method or Sterilization meeting the log 4 standards? How many times you have not met the standards in a year?		YES
12	Any other relevant information	:	N/A

Certified that the above report is for the period from : Date : 23-1-2025.
Place : Ongole.

Place : Ongole.

Name and Signature of the Head of the Institution.

Dr.NITIN NALLURI. CHIEF OPERATIONS OFFICER

