Form - IV
(See rule 13)
ANNUAL REPORT

Date .....

[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) or common bio-medical waste treatment facility (CBWTF)]

Sl. No.	Particulars		
1.	Particulars of the Occupier	:	
	(i) Name of the authorised person (occupier or operator of facility)	:	Mr. Aaditya Vikram singh Jadon, Vedant hospital run by Vande matram ideal society
	(ii) Name of HCF or CBMWTF	:	Vedant hospital run by Vande matram ideal society
	(iii) Address for Correspondence	:	Vedant hospital run by Vande matram ideal society
	(iv) Address of Facility		A B ROAD NEAR BY PASS TIRAHA VILLAGE AND, POST BAROUA GWALIOR GWALIOR, MADHYA PRADESH, 474005
	(v)Tel. No, Fax. No	:	
	(vi) E-mail ID	:	operationhead@vedanthospital.in
	(vii) URL of Website		https://vedanthospital.in/
	(viii) GPS coordinates of HCF or CBMWTF		No
	(ix) Ownership of HCF or CBMWTF	:	Private
	(x). Status of Authorisation under the Bio-Medical Waste (Management and Handling) Rules	:	Authorisation **AWB-127130** No.: valid up to 21/08/2029
	(xi). Status of Consents under Water Act and Air Act	:	Valid up to: 21/08/2029
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)	:	NA
	(iii) License number and its date of expiry		NA
3.	Details of CBMWTF	:	NA
	(i) Number healthcare facilities covered by CBMWTF	:	NA
	(ii) No of beds covered by CBMWTF	:	NA
	(iii) Installed treatment and disposal capacity of CBMWTF:	:	_____Kg per day

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	(iv) Quantity of biomedical waste treated or disposed by CBMWTF	:	_____Kg/day
4.	Quantity of waste generated or disposed in Kg per annum (on monthly average basis)	:	Yellow Category : 367 kg Red Category : 578 kg White: 46 kg Blue Category : 359 kg General Solid waste:
5	Details of the Storage, treatment, transportation, processing and Disposal Facility		
	(i) Details of the on-site storage facility	:	Size : 10X10 Ventilated Capacity : Provision of on-site storage : Stored only for one day (24hrs)
	(ii) Details of the treatment or disposal facilities	:	Type of treatment equipment / No of units / Capacity Kg/day / Quantity treatedor disposed in kg per annum Incinerators NA Plasma Pyrolysis NAutoclaves Microwave Hydroclave Shredder — NA Needle tip cutter or destroyer — NA — - Sharps encapsulation or concrete pit Deep burial pits: Chemical disinfection: — NA — - Any other treatment — NA — - equipment: — NA
	(iii) Quantity of recyclable wastes sold to authorized recyclers after treatment in kg per annum.	:	Red Category (like plastic, glass etc.) Disposed in CB MWTF
	(iv) No of vehicles used for collection and transportation of biomedical waste	:	Closed Van
	(v) Details of incineration ash and ETP sludge generated and disposed		Quantity generated / Where disposed

	during the treatment of wastes in Kg per annum		Incineration Ash ETP Sludge
	(vi) Name of the Common Bio-Medical Waste Treatment Facility Operator through which wastes are disposed of	:	**VNS Solution , 240, New Jiwaji Nagar, Thatipur, Gwalior, Madhya Pradesh - 474001**
	(vii) List of member HCF not handed over bio-medical waste.		-.....
6	Do you have bio-medical waste management committee? If yes, attach minutes of the meetings held during the reporting period		NO
7	Details trainings conducted on BMW		
	(i) Number of trainings conducted on BMW Management.		12
	(ii) number of personnel trained		25
	(iii) number of personnel trained at the time of induction		
	(iv) number of personnel not undergone any training so far		02 (new recruitment)
	(v) whether standard manual for training is available?		.....Yes.....
	(vi) any other information)		.....Nil.....
8	Details of the accident occurred during the year		.....Nil.....
	(i) Number of Accidents occurred		.....Nil.....
	(ii) Number of the persons affected		.....NA.....
	(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?		No incinerator installed , BMW supplied CBMWTF
	Details of Continuous online emission monitoring systems installed		.....
10.	Liquid waste generated and treatment methods in place. How many times you have not met the standards in a year?		2KL /Day treated I own STP (installed)
11	Is the disinfection method or sterilization meeting the log 4		Yes Meeting All standards of disinfection

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	standards? How many times you have not met the standards in a year?		
12.	Any other relevant information	:	(Air Pollution Control Devices attached with the Incinerator) HCF

Certified that the above report is for the period from June 2025 to Dec 2025.

Name and Signature of the Head of the Institution

Date:
Place