

**Baby Science** 



To,

Date 05th Feb 2025

The Regional officer, Karnataka State Pollution Control Board, Sy No 490K, Plot No 86, Harakari Layout, Vajra Hanuman Nagar, Vijayapura Road, Vijayapura, Karnataka-586109

# Sub: - Submission of Annual Return under Bio Medical Waste Regulations Authorization :: 57/KSPCB/RO(VJP)/BMW/2021-22/1185

Dear Sir/ Madam,

With reference to the authorization as mentioned above issued to our clinic under the Bio Medical Waste Management Regulation 2016, we are hereby submitting the annual return in Form IV for the year 2024. Kindly acknowledge the same.

Enclosed-

- 1. Form IV
- 2. Copy of bmw authorization

Regards

Baby Science IVF Clinics Pvt Ltd 1st, Ground floor, Vaishnavi Heights, Ibrahimpur Railway Gate, Bagewadi Rd, opp. KVG Bank B, Vijayapur, Vijayapura, Karnataka 586109 Email -compliance@birlafertility.com



Baby Science IVF Clinics Pvt Ltd

# Form - IV (See rule 13) ANNUAL REPORT

[To be submitted to the prescribed authority on or before 30<sup>th</sup> 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)]

|    | Particulars                                                                                                                |   |                                                                                                                                                  |  |
|----|----------------------------------------------------------------------------------------------------------------------------|---|--------------------------------------------------------------------------------------------------------------------------------------------------|--|
| +  | Particulars of the Occupier :                                                                                              |   | Dr MANJUNATH C S                                                                                                                                 |  |
| F  | (i) Name of the authorised person (occupier or operator of facility)                                                       |   |                                                                                                                                                  |  |
|    | (ii) Name of HCF or CBMWTF                                                                                                 |   | BABY SCINECE IVF CLINICS PVI<br>LTD                                                                                                              |  |
|    | (iii) Address for Correspondence                                                                                           |   | 1st, Ground floor, Vaishnavi Heights, Ibrahimpur Railway Gate, Bagewadi Rd, opp. KVG Bank B, Vijayapur, Vijayapura, Karnataka 586109             |  |
|    | (iv) Address of Facility                                                                                                   |   | 1st, Ground floor, Vaishnavi<br>Heights, Ibrahimpur Railway Gate,<br>Bagewadi Rd, opp. KVG Bank B,<br>Vijayapur, Vijayapura, Karnataka<br>586109 |  |
|    | (v)Tel. No, Fax. No                                                                                                        | : | compliance@birlafertility.com                                                                                                                    |  |
|    | (vi) E-mail ID                                                                                                             | : | www.birlafertility.com                                                                                                                           |  |
|    | (vii) URL of Website                                                                                                       |   |                                                                                                                                                  |  |
|    | (viii) GPS coordinates of HCF or CBMWTF                                                                                    |   | 16.806556, 75.728576                                                                                                                             |  |
|    | (ix) Ownership of HCF or CBMWTF                                                                                            | : | (State Government or Private (Semi Govt. or any other)                                                                                           |  |
|    | (x). Status of Authorisation under the Bio-Medical Waste (Management and Handling) Rules                                   |   | Authorisation No.<br>57/KSPCB/RO(VJP)/BMW/2021-<br>22/1185<br>.valid up to LIFETIME<br>Valid up to: NA                                           |  |
|    | (xi). Status of Consents under Water Act and Air Act                                                                       | : | Vana up to. NA                                                                                                                                   |  |
| 2. | Type of Health Care Facility                                                                                               | 1 | CD 1 00                                                                                                                                          |  |
|    | (i) Bedded Hospital                                                                                                        |   | No. of Beds: 09                                                                                                                                  |  |
|    | (ii) Non-bedded hospital  (Clinic or Blood Bank or Clinical Laboratory or Research Institute or Veterinary Hospital or any |   | FERTILITY CLINIC                                                                                                                                 |  |
|    | other) (iii) License number and its date of expiry                                                                         |   | BIJ00401ALH1A<br>VALID TILL 26.02.2027                                                                                                           |  |
| 3  | Details of CBMWTF                                                                                                          | : |                                                                                                                                                  |  |
| 2  | (i) Number healthcare facilities covered b                                                                                 |   | NA                                                                                                                                               |  |
| -  | (ii) No of beds covered by CBMWTF                                                                                          |   | : NA                                                                                                                                             |  |
| -  | (iii) Installed treatment and disposal capacity of CBMWTF:                                                                 |   | : <u>NA</u> Kg per day                                                                                                                           |  |

Shur

|   | (iv) Quantity of biomedical waste treate<br>by CBMWTF                                                   |             | 1                                                                      | :         |                                                      | ζg/day     |            |                          |  |
|---|---------------------------------------------------------------------------------------------------------|-------------|------------------------------------------------------------------------|-----------|------------------------------------------------------|------------|------------|--------------------------|--|
|   | Quantity of waste generated or disposed-in Kg per                                                       |             |                                                                        |           | Yellow Category : 6kg                                |            |            |                          |  |
|   | annum (on monthly average basis)                                                                        |             |                                                                        |           | Red Category : 2 kg White: 1 kg Blue Category : 1 kg |            |            |                          |  |
|   |                                                                                                         |             |                                                                        |           |                                                      |            |            |                          |  |
|   |                                                                                                         |             |                                                                        |           |                                                      |            |            |                          |  |
|   |                                                                                                         |             |                                                                        |           | General                                              | Solid w    | aste:5 k   | g                        |  |
|   | Details of the Storage, treatment, transp                                                               | on, process | ing a                                                                  | nd Dispos | sal Facili                                           | ty         |            |                          |  |
|   | (i) Details of the on-site storage facility                                                             | :           | Size : TEMPORARY STORAGE  Capacity :                                   |           |                                                      |            |            |                          |  |
|   |                                                                                                         |             |                                                                        |           |                                                      |            |            |                          |  |
|   |                                                                                                         |             | Provision any other                                                    |           | on-site :                                            | storage    | : (col     | ld storage o             |  |
|   | (ii) Details of the treatment or disposal facilities                                                    | :           | Type of treatment                                                      |           |                                                      | No         | Cap        | Quantity                 |  |
|   |                                                                                                         |             | equip                                                                  | ment      |                                                      | of         | acit       | treatedo                 |  |
|   |                                                                                                         |             |                                                                        |           |                                                      | unit       | У          | r                        |  |
|   |                                                                                                         |             |                                                                        |           |                                                      | S          | Kg/<br>day | disposed<br>in kg<br>per |  |
|   |                                                                                                         |             |                                                                        |           |                                                      |            |            | annum                    |  |
|   |                                                                                                         | -           | Incine                                                                 | erators   | 3                                                    |            |            | aman                     |  |
|   |                                                                                                         | 7           | Incinerators Plasma Pyrolysis Autoclaves                               |           |                                                      |            |            |                          |  |
|   |                                                                                                         |             |                                                                        |           |                                                      |            |            |                          |  |
|   |                                                                                                         | 1.00        | Micro                                                                  |           |                                                      |            |            |                          |  |
|   |                                                                                                         |             | Hydroclave                                                             |           |                                                      |            |            |                          |  |
|   |                                                                                                         |             | Shred                                                                  |           | •                                                    |            |            |                          |  |
|   |                                                                                                         |             | Needle tip cutter or                                                   |           |                                                      |            |            |                          |  |
|   |                                                                                                         |             | destroyer                                                              |           |                                                      |            |            |                          |  |
|   |                                                                                                         |             | Sharps                                                                 |           |                                                      |            |            |                          |  |
|   |                                                                                                         |             | encapsulati<br>concrete pii<br>Deep burial<br>Chemical<br>disinfection |           | on or                                                |            | -          |                          |  |
|   |                                                                                                         | - 1         |                                                                        |           | t                                                    |            |            |                          |  |
|   |                                                                                                         |             |                                                                        |           |                                                      |            |            |                          |  |
|   |                                                                                                         |             |                                                                        |           |                                                      |            |            |                          |  |
|   |                                                                                                         |             |                                                                        |           | r:                                                   |            | -          |                          |  |
|   |                                                                                                         |             | Any other treatment                                                    |           |                                                      |            |            |                          |  |
|   |                                                                                                         |             | equip                                                                  | ment:     |                                                      |            |            |                          |  |
|   | (iii) Quantity of recyclable wastes<br>sold to authorized recyclers after<br>treatment in kg per annum. | :           | Red Cat<br>NA                                                          | egory     | (like plas                                           | stic, glas | s etc.)    |                          |  |
| - | (iv) No of vehicles used for collection :                                                               |             | OUTSOU                                                                 | RCE       | D                                                    |            |            |                          |  |
|   | and transportation of biomedical waste                                                                  |             |                                                                        |           |                                                      |            |            |                          |  |
| 1 | (v) Details of incineration ash and                                                                     |             |                                                                        |           | Quar                                                 | ntity      | Wh         | ere                      |  |
|   | ETP sludge generated and disposed                                                                       |             |                                                                        |           |                                                      | rated      |            | oosed                    |  |

|   | during the treatment of wastes in Kg                                                                                                       | Incineration<br>Ash                                           |
|---|--------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------|
|   | an annum                                                                                                                                   | pern Cludge                                                   |
| 1 | Name of the Common Bio- :                                                                                                                  | KARNATAKA PRIVATE MEDICAL ESTABLISHMENT ASSOCIATION, VIJAYPUR |
| - | Medical Waste Treatment Facility Operator through which wastes are                                                                         |                                                               |
| - | disposed of  (vii) List of member HCF not handed over bio-medical waste.                                                                   |                                                               |
|   | Do you have bio-medical waste management committee? If yes, attach minutes of the meetings held during                                     | NA                                                            |
|   | ting period                                                                                                                                |                                                               |
|   | Details trainings conducted on BMW  (i) Number of trainings conducted on                                                                   | 6                                                             |
|   | BMW Management.  (ii) number of personnel trained                                                                                          | 10                                                            |
|   | (iii) number of personnel traffed at                                                                                                       |                                                               |
|   | the time of induction  (iv) number of personnel not                                                                                        | 00                                                            |
|   | undergone any training so far  (v) whether standard manual for                                                                             | YES                                                           |
|   | training is available?                                                                                                                     |                                                               |
| - | (vi) any other information)  8 Details of the accident occurred                                                                            | NIL                                                           |
|   | during the year  (i) Number of Accidents occurred                                                                                          |                                                               |
| - | and a temper of the persons affected                                                                                                       |                                                               |
| 1 | (ii) Number of the per-<br>(iii) Remedial Action taken (Please<br>attach details if any)                                                   | NA                                                            |
| 1 | Entality occurred, details.                                                                                                                | YES                                                           |
| - | 9. Are you meeting the standards of the Pollution from the incinerator? How many times in last year could not met                          |                                                               |
|   | the standards?  Details of Continuous online emission                                                                                      | NA                                                            |
|   | monitoring systems installed  10 Liquid waste generated and treatment methods in place. How many times you have not met the standards in a | NA                                                            |
|   | year?  11 Is the disinfection method or libration meeting the log 4                                                                        |                                                               |

|    | standards? How many times you have not met the standards in a year? |   | G to 1 Decision attached with the                             |
|----|---------------------------------------------------------------------|---|---------------------------------------------------------------|
| 12 | Any other relevant information                                      | : | (Air Pollution Control Devices attached with the Incinerator) |

| Certified that the above report is for the period from |  |
|--------------------------------------------------------|--|
| 1 <sup>ST</sup> JAN 2024 TO 31 <sup>ST</sup> DEC 2024  |  |
|                                                        |  |

Date: 24.02.2025 Place:- VIJAYPURA Name and Signature of the Head of the Institution

ಪ್ರಾದೇಶಿಕ ಕಛೇರಿ, ಕರ್ನಾಟಕ ರಾಜ್ಯ ಮಾಲಿನ್ಯ ನಿಯಂತ್ರಣ ಮಂಡಳಿ

# REGIONAL OFFICE, KARNATAKA STATE POLLUTION CONTROL BOARD ಸರ್ವೆ ನಂ. 490ಕೆ, ಪ್ರಾಟ ನಂ. 86, ಹರಕರಿ ಬಡಾವಣೆ, ವಜ್ರಹನುಮಾನ ನಗರ, ವಿಜಯಪುರ-586 109

Sy.No.490k, Plot No.86, Harakari Layout, Vajra Hanuman Nagar, Vijayapura Road, Vijayapura-586 109

E-moil: bijapur@kspcb.gov.in Website: http://kspcb.kgr.nic.in Phone: 08352-276666

Authorization No. 57 KSPCB/RO(VJP)/BMW/2021-22/1185

Date: 03 -12-2021

## FORM -III (See rule 10)

### AUTHORISATION

(Authorization for operating a facility for generation, collection, reception, treatment, storage, transport and disposal of biomedical wastes)

File number of authorization and date of issue PCB/BMW/VOL-I//2021

2. Dr. Manjunath C.S. an occupier or operator of the facility located at

M/s. Babyscience Ivf Clinics Pvt Ltd, Vaishnavi Heights Ibrahimpur Railinay Gate, 1st Opposite KVG Bank, B.Bagewadi Road, Vijayapura is hereby granted an authorization for,

Activity Pleas e tick

- Generation, segregation
- 3. Collection,
- 4. Storage
- 5. Packaging
- 6. Reception
- 7. Transportation
- Treatment or Processing or conversion
- Disposal or destruction use
- 10. Offering for sale, transfer Any other form of handling
- M/s. Babyscience Ivf Clinics Pvt Ltd, Vaishnavi Heights Ibrahimpur Railinay Gate, 1st Opposite
   KVG Bank, B.Bagewadi Road, Vijayapura is hereby authorized for handling of biomedical waste as
   per thecapacity given below;
  - Number of beds of HCE:09
  - Number healthcare facilities covered by CBMWTF:588
  - iii. Installed treatment and disposal capacity: 980 Kg per day,
  - iv. Area or distance covered by CBMWTF: Vijayapura District.
  - v. Quantity of Biomedical waste handled, treated or disposed:

### Type of Waste Category

Quantity permitted for Handling

Yellow . 1.0kg/Month
 Red . 500gms/Month
 White (Translucent) . 200gms/Month
 Blue . 800gms/Month

vi. This authorization shall be valid until it is withdrawn/revoked/cancelled date of issue of Authorization.

vii. This authorization is subject to the conditions stated below and to such other conditions as may be specified in the rules for the time being in force under the Environment (Protection) Act, 1986

viii. The H/A's a are directed to provided the liquid waste management system within one month from date of issue and authorization without fail. You are directed to submit compliance report with photographs evidence at the earliest.

Date: 01/12/2021. Place: Vijayapura. 2112122

### Terms and conditions of authorization

There shall not be any violation of provisions of Bio-Medical Waste Management Rules 2016.

- 2. The hospital should ensure that the ambient noise levels within the premises shall not exceed 50 dB(A) Lea during day time & 40 dB(A) Lea during night time.
- The authorization shall comply with the provisions of the Environment (Protection) Act, 1986 and the rules made there under.
- The authorization or its renewal shall be produced for inspection at the request of an officer authorized by the prescribed authority.
- The person authorized shall not rent, lend, sell, transfer or otherwise transport the biomedical wastes without obtaining prior permission of the prescribed authority.
- Any unauthorized change in personnel, equipment or working conditions as mentioned in the application by the person authorized shall constitute a breach of his authorization.
- The applicant shall to take prior permission of the prescribed authority to close down the facility and such other terms and conditions may be stipulated by the prescribed authority.
- The applicant insert take all necessary steps to ensure that bio-medical waste is handled without any
  adverse effect to human health and the environment and in accordance with these rules.
- 9. The applicant shall make a provision within the premises for a safe, ventilated and secured location for storage of segregated biomedical waste in colored bags or containers in the manner as specified in Schedule 1 of the Bio-Medical Waste Management Rules, 2016. The bio medical waste shall be disposed within 48 hours.
- 10. The applicant shall ensure that there shall be no secondary handling, pilferage of recyclables or inadvertent scattering or spillage by animals and the bio-medical waste from such place or premises shall be directly transported in the manner as prescribed in these rules to the common bio-medical waste treatment facility or for the appropriate treatment and disposal, as the case may be, in the manner as prescribed in Schedule I the Bio-Medical Waste Management Rules, 2016.
- 11. The applicant shall pre-treat the laboratory waste, microbiological waste, blood samples and blood bags through disinfection or sterilization on-site in the manner as prescribed by the World Health Organization (WHO) or National AIDs Control Organization (NACO) guidelines and then sent to the common bio-medical waste treatment facility for final disposal:
- 12. The applicant shall phase out use of chlorinated plastic bags, gloves and blood bags within two years from the date of notification of these rules;
- 13. The applicant shall dispose of solid waste other than bio-medical waste in accordance with the provisions of respective waste management rules made under the relevant laws and amended from time to time;
- 14. The applicant shall not to give treated bio-medical waste with municipal solid waste.
- 15. The applicant shall provide training to all its health care workers and others, involved in handling of bio medical waste at the time of induction and thereafter at least once every year and the details of training programmers conducted, number of personnel trained and number of personnel not undergone any training shall be provided in the Annual Report.
- 16. The applicant shall immunize all its health care workers and others, involved in handling of biomedical waste for protection against diseases including Hepatitis B and Tetanus that are likely to be transmitted by handling of bio-medical waste, in the manner as prescribed in the National Immunization Policy or the guidelines of the Ministry of Health and Family Welfare issued from time to time.
- 17. The applicant shall establish a Bar- Code System for bags or containing bio-medical waste to be sent out of the premises or place for any purpose before at the earliest.
- 18. The applicant shall ensure segregation of liquid chemical waste at source and ensure pre-treatment or neutralization prior to mixing with other effluent generated from health care facilities.
- The applicant shall ensure treatment and disposal of liquid waste in accordance with the Water (Prevention and Control of Pollution) Act, 1974.
- 20. The applicant shall ensure occupational safety of all its health care workers and others involved in handling of biomedical waste by providing appropriate and adequate personal protective equipments.
- 21. The applicant conduct health check up at the time of induction and at least once in a year for all its health care workers and others involved in handling of bio- medical waste and maintain the records for the same.

Environmental Officer, KSPCB, Vijayapura.

- 22. The applicant shall maintain and update on day to day basis the bio-medical waste management register and display the monthly record on its website according to the bio-medical waste generated in terms of category and colour coding as specified in Schedule I the Bio-Medical Waste Management Rules, 2016.
- 23. The applicant shall report major accidents including accidents caused by fire hazards, blasts during handling of biomedical waste and the remedial action taken and the records relevant thereto, (including nil report) in Form I to the prescribed authority and also along with the annual report.
- 24. The applicant shall make available the annual report on its web-site and all the health care facilities shall make own website before end of the June every Year.
- 25. The applicant shall inform the Board (KSPCB) immediately in case the operator of a facility does not collect'the bio-medical waste within the intended time or as per the agreed time.
- 26. The applicant shall ensure compliance to all the applicable provisions of Bio-Medical Waste Management Rules 2016.
- 27. The Occupier is required to ensure that, discharge of Chemical liquid waste (Yellow Category) is in compliance with the standards stipulated in schedule –I & II of the Rules. The discharging effluents shall conform to the following limits-

| PARAMETER        | PERMISSIBLE LIMITS                                   |
|------------------|------------------------------------------------------|
| PH 6.5 - 9.0     |                                                      |
| Suspended solids | 100mg/l                                              |
| Oil and grease   | 10mg/l                                               |
| BOD              | 30 mg/l                                              |
| COD              | 250 mg/l                                             |
| Bio-assay test   | 90% survival of fish after 96 hours in 100% effluent |

- 28. The Occupier shall furnish exact quantity of different category of BMW generated including liquid waste to the RO-Vijayapura within 15 days time for verification.
- 29. The Person authorized shall segregate Mercury waste from the Bio-medical stream and same shall be stored in a secured place before its disposal as per relevant statue.

30. The applicant shall display this authorization at a prominent place like reception/entrance Etc.,

Environmental Officer, KSPCB, Vijayapura.

M1 = 2/12/200

To,

Dr. Manjuath C.S, M/s. Babyscience Ivf Clinics Pvt Ltd, Vaishnavi Heights Ibrahimpur Railinay Gate, 1st Opposite KVG Bank, B.Bagewadi Road, Vijayapura.