

Office of the Principal, Guru Gobind Singh Medical College, Faridkot.

No-2025/

Date:-

To

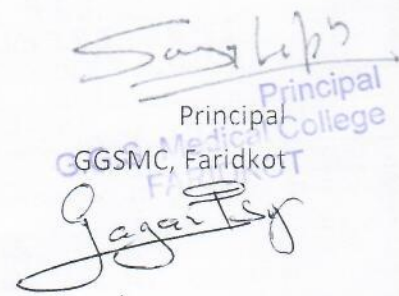
Environmental Environment Engineer,  
Punjab Pollution Control Board,  
Faridkot.

**Subject: Regarding Submission of Annual Report under Bio Medical Waste Management Rule, 2016 for the period of Jan-Dec-2024.**

Please find enclosed herewith annual report Performa for the period of jan-dec-2024 for your kind information and necessary action please.

Encls:-

1. Annual report Performa (2- pages)
2. Attendance Sheet of training ( 28- Pages)
3. Minutes of Meeting ( 5-Pages )
4. Accidental Report (1- Page)

  
Principal  
GGSMC, Faridkot  
Guru Gobind Singh Medical College

From -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 a 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 authorized person (occupier or operator of facility)   | Dr. Sanjay Gupta Principal   |
|       | (ii) Name of HCF or CBMWTF   | G.G.S.M.C. Hospital Faridkot   |
|       | (iii) Address for Correspondence   | G.G.S.M.C. Hospital Faridkot   |
|       | (i) Address of Facility  | G.G.S.M.C. Hospital Faridkot   |
|       | (ii) Tel. No Fax. No.  | 01639-251111   |
|       | (v) E-mail ID  | Dr. G.G.S.M.C.H @ Yahoo . Com  |
|       | (i) URL of Website   | g.g.s.m.c.h.org  |
|       | (ii) GPS coordinates of HCF of CBMWTF  | 30.6813 N 74.7476° E   |
|       | (iii) Ownership of HCF of CBMWTF   | (State Government of Private or Semi Govt. or any other)   |
|       | (iv) Status of Authorization under the Bio-Medical Waste (Management and Handling) Rules.  | Authorization No. - B.M.S. / Fresh / Fdk / 2023 / 23832367   |
|       | (v) Status of Consents under Water Act and Air Act.  | Valid up to: 31/12/25<br>Valid up to: In Process   |
| 2     | Type of Health Care Facility   | No. of Beds 1095   |
|       | (i) Bedded Hospital  |  |
|       | (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  | N/A  |
| 3     | Details if CBMWTF  | N/A  |
|       | (i) Number healthcare facilities covered by CBMWTF   |  |
|       | (ii) No. of beds covered by CBMWTF   | N/A Kg per day   |
|       | (iii) Installed treatment and disposal capacity of CBMWTF  | N/A Kg/day   |
|       | (iv) Quantity of biomedical waste treated or disposal by CBMWTF  |  |
| 4     | Quantity of waste generated or disposed in Kg per annum (on monthly average basis)   | Yellow category 52840.287<br>Yellow cytotoxic 53959.79<br>Red Category 52065.14<br>White: 916.953<br>Blue Category: 18385.1895<br>General Solid waste - 575 kg/day   |
| 5     | Details of the Storage, treatment, transportation, processing and Disposal Facility  |  |
|       | (i) Details of the on-site storage facility  | Size 30 Ft - 45 in x 19 ft 4.5 in<br>Capacity: N/A<br>Provision of on-site storage : (cold storage or any other provision)   |
|       | (ii) Disposal Facilities   | Type of treatment No of Capacity Quantity treated or disposed<br>Equipment of Kg/day In Kg per Annum<br>Incinerators ] N/A<br>Plasma Paralysis ]<br>Autoclaves ] outsource to M/S Med waste solutions PVT. LTD<br>Microwave ]<br>Hydroclave ] N/A<br>Shredder ]<br>Needle tip cutter or in ward and labs<br>destroyer<br>Sharps<br>encapsulation or ]<br>concrete pit ] N/A<br>Deep Burial pits ]<br>Chemical<br>disinfection ]<br>Any other treatment N/A |



|       |   |  |   |
|-------|---|--|---|
|       | ... authorized recyclers after treatment in kg per annum.   |  | ... category (like plastic, glass etc.) |
|       | No of vehicles used for collection and transportation of biomedical waste.  |  | 2 Trolley                               |
| (v)   | Details of incineration ash and ETP sludge generated and disposal during the treatment of wastes in Kg per annum)                 | Quantity Generated   | Where disposal                          |
|       |   | Incineration Ash<br>ETP Sludge   | NA                                      |
| (vi)  | Name of the Common Bio-Medical Waste Treatment Facility Operator through which wastes are disposed of                             | Mr Deepak Sindal<br>M/S Med Store Solution Pvt Ltd<br>Vill Bidowal Teh Giddarbaha.<br>Shri Muktesh Sahib |   |
| (vii) | List of member HCF not handed over bio-medical waste  | N/A  |   |
| 6.    | Do you have bio-medical waste management committee? If yes, attach minutes of the meetings held during the reporting period.      | Yes attached   |   |
| 7.    | Detail trainings conducted on BMW   |  |   |
| (i)   | Number of training conducted on BMW Management.   | 30   |   |
| (ii)  | Number of personnel trained   | 859  |   |
| (iii) | Number of personnel trained at the time of induction  | 150  |   |
| (iv)  | Number of personnel not undergone any training so far.  | -  |   |
| (v)   | Whether standard manual for training is available?  | Yes  |   |
| (vi)  | Any other information)  | N/A  |   |
| 8.    | Details of the accident occurred during the year  |  |   |
| (i)   | Number of Accidents occurred  | nil Major Accidents  |   |
| (ii)  | Number of the persons affected  |  |   |
| (iii) | Remedial Action taken (Please attach details if any)  |  |   |
| (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?     | N/A  |   |
|       | 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.                   | TIT at source (M ward<br>STP (Sewage Treatment Plant)  |   |
| 11.   | It the disinfection method or sterilization meeting the log 4 standards? How many times you have not met the standards in a year? | N/A  |   |
| 12.   | Any other relevant information  | (Air Pollution Control Device attached with the incinerator.)  |   |

Certified that the above report is for the period from

1/1/2024 to 31/12/2024

Date: 05/03/2025  
Place: Faridkot

Name and Signature of the Head of the Institution

Principal  
G.G.S. Medical College  
FARIDKOT  
Gagan Singh

FORM - I

[ (See rule 4(o),

5(i) and 15 (2)]

ACCIDENT

REPORTING

- Date and time of accident :
- Type of Accident :
- Sequence of events leading to accident :
- Has the Authority been informed immediately :
- The type of waste involved in accident :
- Assessment of the effects of the accidents on human health and the environment:
- Emergency measures taken :
- Steps taken to alleviate the effects of accidents :
- Steps taken to prevent the recurrence of such an accident :
- Does you facility has an Emergency Control policy? If yes

No Major  
Accident

give details:

Date: 5/3/25

  
Signature

Place: Faridkot

Designation

  
Principal  
G.G.S. Medical College  
FARIDKOT