

CK Birla Hospitals

BM BIRLA HEART HOSPITAL

To,

The Chief Engineer,

Waste Management Cell

West Bengal Pollution Control Board

Paribesh Bhawan

Building No. 10 A Block, LA Sector III,

Kolkata – 700098



Subject: Submission of form IV for Biomedical Waste Annual Report for the year 2025

Dear Sir,

With reference to the above subject, I am enclosing here with annual report form IV for the period 01/01/2025 to 31/12/2025.

Please acknowledge the same

Thank You

For BM BIRLA HEART RESEARCH CENTRE

(A UNIT OF THE CALCUTTA MEDICAL RESEARCH INSTITUTE)


Supratik DeSarkar

Regional Head



FORM II
(See Rule 10)

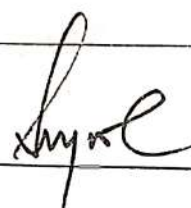
APPLICATION FOR AUTHORIZATION OR RENEWEL OF AUTHORISATION
(To be submitted by occupier of Health Care Facility or Common Bio-Medical Waste Treatment Facility)

To

Application No. : 8095450

The Member Secretary,
West Bengal Pollution Control Board
Paribesh Bhawan, 10A, Block-LA, Sector-III, Bidhannagar, Kolkata-700106. Fax-432740

1	Particulars of the applicant:	
i)	Name of the Applicant	: Supratik DeSarkar
	Designation	: Unit Head
ii)	Name of the Institution	: B.M. Birla Heart Research Centre (A Division of CMRI)
iii)	Address for correspondence	: 1/1 National Library Avenue, P. O- Alipore, Kolkata – 700027
iv)	Tele No	: 033-40884088
v)	Mobile No.	: 9830267996
vi)	E-mail Id	: supratik.desarkar@ckbirlahospitals.com
2	Activity for which authorisation is sought:	
	Generation, segregation, Collection, Storage	
3 i)	Authorization now Applied For :	: Fresh
3 ii)	Previous Authorization Details :	
iii)	Status of CTE/CTO-latest consent type, issued date and validity date	: CTE validity is 30.12.2032 CTO Validity is 28.02.2027
iv)	GPS Coordinates- Lat/Lon of the location of applicant facility(In decimal degress with 6 decimals)	Latitude: (N Decimal degress) Longitude: (E Decimal degress)
4 i)	BMW Facility Type	: HCF, Government, Bedded Hospital and Nursing Homes
ii)	Health Care Facility Category	: On bed capacities of health care establishments providing service to indoor patients
iii)	BMW Facility Status	: HCF-Common Facility Member
iv)	Address of the location of Health Care Facility or CBMWTF	: 1/1 National Library Avenue, P. O- Alipore, Kolkata – 700027
v)	CBMWTF-Office and location address of treatment and disposal	: /
5)	Details of HCF	
i)	Medical Treatment Facility provided to Outpatients	: 221



ii)	Medical Treatment Facility provided to Inpatients	:	48
iii)	No of Beds	:	20
iv)	For Non bedded Hospital (Specify)	:	
v)	Total number of inpatients & outpatients treated per month in the HCF	:	1301
vii)	Quantity of BMW handled, treated or disposed:		
	Category	Type of Waste	Quantity Generated or collected in Kg/day
	Yellow	a) Human Anatomical Waste	9
		b) Animal Anatomical Waste	
		c) Soiled Waste	
		d) Expired or Discarded Medicines	
		e) Chemical Solid Waste	
		f) Chemical Liquid Waste	
		g) Discarded linen, mattresses, beddings contaminated with blood or body fluid	
		h) Microbiology, Biotechnology and other clinical laboratory waste	
	Red	Contaminated waste (Recyclable)	20
	White (Translucent)	Waste sharps including Metals	1
	Blue	Glassware	3
		Metallic Body Implants	
		Total	33 Kg/Day
6i)	Mode of Transportation of BMW	:	Self Vehicle
ii)	Details of Treatment equipments available for treatment of BMW:		

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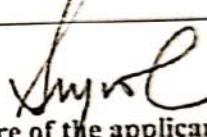
Sl No	Treatment equipment	No of units	Type and capacity of each unit	Height of Stack
1	Autoclaves			
2	Microwave			
3	Hydroclave			
4	Shredders			
5	Needle tip cutter or destroyer			
6	Sharp encapsulation or Concrete pit			
7	Deep burial pits			
8	Chemical disinfection			
9	Any other treatment equipment			
10	Incinerators			
11	Plasma Pyrolysis			

7 Details of directions or notices or legal actions if any during the period of earlier authorisation :

8 Declaration

I do hereby declare that the statements made and information given above is true to the best of my knowledge and belief and that I have not concealed any information.
I do also hereby undertake to provide any further information sought by the prescribed Authority in relation to these rules and to fulfil any conditions stipulated by the prescribed Authority.

Date: 10/02/2026


Signature of the applicant
Name and Designation



Enclosures:

1. Agreement with CBWTF
2. CTE Certificate
3. CTO Certificate
4. BMW Authorization Agreement
5. Proof of Ownership
6. Permission from the local Authority
7. Permission from the Health
8. STP GFC
9. SITE PLAN
10. ETP
11. BMW Agreement copy