

Date: 27/01/25

To,
The Unit Head
Bio Medical Waste (BMW)
Gujarat Pollution Control Board
Paryavaran Bhavan, Sector 10 A
Gandhinagar 382010.

Subject: Submission of Form Annual Return in form 4 under Bio -Medical Waste Management Rule 2016 for the year of 2024.

Respected Sir,

We here with submitting our Annual Return in Form 4 as per Bio-Medical Waste Management Rules, 2016 enacted under Environmental (Protection) Act, 1986 for the period of October 2024 to December 2024 for your kind perusal.

We are requesting you to acknowledge the same.

Thanking You

With Regards

La-Gajjar Machineries Pvt. Ltd.

Authorized Signatory



27/01/25
Gujarat Pollution Control Board
Head Office
Sector No.-10-A,
Gandhinagar-382010

Form - IV
(See rule 13)

ANNUAL REPORT

[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)]

SN.	Particulars		
1.	Particulars of the Occupier	:	
	(i) Name of the authorised person (occupier or operator of facility)	:	Madhup Jha
	(ii) Name of HCF or CBMWTF	:	La-Gajjar Machineries Pvt. Ltd
	(iii) Address for Correspondence	:	SM 33+34+35+36/1 at Sanand II Industrial Estate,
	(iv) Address of Facility	:	SM 33+34+35+36/1 at Sanand II Industrial Estate,
	(v) Tel. No, Fax. No	:	9099935814
	(vi) E-mail ID	:	madhup.jha@lgmindia.com
	(vii) URL of Website	:	--
	(viii) GPS coordinates of HCF or CBMWTF	:	--
	(ix) Ownership of HCF or CBMWTF	:	{State Government or Private or Semi Govt. or any other}
	(x). Status of Authorization under the Bio-Medical Waste (Management and Handling) Rules	:	Authorization No.: NA valid up to: - NA
	(xi). Status of Consents under Water Act and Air Act	:	Valid up to: NA
2.	Type of Health Care Facility	:	OHC (Occupational Health Center)
	(i) Bedded Hospital	:	No. of Beds: - 2
	(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	:	E-Coli Waste Management Pvt. Ltd.
	(i) Number healthcare facilities covered by CBMWTF	:	NA
	(ii) No of beds covered by CBMWTF	:	NA
	(iii) Installed treatment and disposal capacity of CBMWTF:	:	NA

	(iv) Quantity of biomedical waste treated or disposed by CBMWTF	:	NA			
4.	Quantity of waste generated or disposed in Kg per annum	:	Yellow Category :- 0.450 Red Category: - 0.050 White:- Nil Blue Category :- Nil General Solid waste:- Nil			
5	Details of the Storage, treatment, transportation, processing and Disposal Facility					
	(i) Details of the on-site storage facility	:	Size : Generated waste stored & sent out within 48 hrs. Capacity : Generated waste stored & sent out within 48 hrs Provision of on-site storage : (cold storage or any other provision) :- Nil			
	(ii) Details of the treatment or disposal facilities	:	Type of treatment equipment	No of units	Capacity Kg/day	Quantity Treated or disposed in kg per annum
			Incinerators	-	-	-
			Plasma Pyrolysis	-	-	-
			Autoclaves	-	-	-
			Microwave	-	-	-
			Hydroclave	-	-	-
			Shredder	-	-	-
			Needle tip cutter or destroyer	-	-	-
			Sharps encapsulation or concrete pit	-	-	-
			Deep burial pits:	-	-	-
			Chemical disinfection:	-	-	-
			Any other treatment equipment:	-	-	-
	(iii) Quantity of recyclable wastes sold to authorized recyclers after treatment in kg per annum.	:	Red Category (like plastic, glass etc.): - Nil			
	(iv) No of vehicles used for collection and transportation of biomedical waste	:	Not Applicable			
	(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 :- Nil ETP Sludge:- Nil
	(vi) Name of the Common Bio- Medical Waste Treatment Facility Operator through which wastes are disposed of	:	NA
	(vii) List of member HCF not handed over bio-medical waste.		NA
6	Do you have bio-medical waste management committee? If yes, attach minutes of the meetings held during the reporting period		NA
7	Details trainings conducted on BMW		NA
	(i) Number of trainings conducted on BMW Management.		NA
	(ii) number of personnel trained		NA
	(iii) number of personnel trained at the time of induction		NA
	(iv) number of personnel not undergone any training so far		NA
	(v) whether standard manual for training is available?		NA
	(vi) any other information)		No
8	Details of the accident occurred during the year		
	(i) Number of Accidents occurred		Nil
	(ii) Number of the persons affected		Nil
	(iii) Remedial Action taken (Please attach details if any)		NA
	(iv) Any Fatality occurred, details.		Nil
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		NA
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		NA

	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) :- Nil

Certified that the above report is for the period from 1st October 2024 to 31st December 2024



Name and Signature of the Head of the Institution
Dr. Krunal Sharma

Date:- 27/10/25

Place:- Ahmedabad