

Date: 18.06.2026

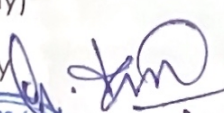
To
The Environmental Engineer
Pollution Control Board
Hyderabad, Telangana

Sub: Form IV and Form I submission for the year 2025 of Care Hospitals, Hitech City – OP Block

Respected Sir,

Forwarding herewith the annual submission of the FORM IV and Form I from January 2025 to December 2025 for Care Hospitals, Hitech City – OP Block (Plot No. 46&47 Jayabheri Pine Valley, Beside Cyberabad Police Commissionerate Office, Ranga Reddy)

Authorized Signatory


Dr. Pramod Gupta Gunda
Hospital Chief Operating Officer
Care Hospitals Hitech City, OP Block
Hyderabad, Telangana

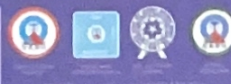


QUALITY CARE INDIA LIMITED

CIN: U85110TG1992PLC014728

CARE Hospitals, Gachibowli: 2-50/Care/G, Old Mumbai Highway Road, Near Cyberabad Police Commissionerate, Hyderabad - 500 032 Telangana Tel: 040 61 656565 | Fax: 040 2300 0096

Registered Office: #6-3-248/2, Road No. 1, Banjara Hills, Hyderabad - 500 034 Telangana
Corporate Office: #8-2-120/86/10, 5th & 6th Floor, Kohinoor Building, Road No. 2, Banjara Hills, Hyderabad - 500 034 Telangana



E: info@carehospitals.com
W: www.carehospitals.com

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)]

Sl. No.	Particulars		
1.	Particulars of the Occupier	:	
	(i) Name of the authorised person (occupier or operator of facility)	:	Dr. Pramod Gupta Gunda
	(ii) Name of HCF or CBMWTF	:	CARE Hospitals – Hitech City
	(iii) Address for Correspondence	:	Plot No.46&47, Jayabheri Pine Valley, Besides Cyberabad Police Commissioner Office, Gachbowli, RR
	(iv) Address of Facility	:	Plot No.46&47, Jayabheri Pine Valley, Besides Cyberabad Police Commissioner Office, Gachibowli, RR
	(v) Tel. No, Fax. No	:	040 – 33623774
	(vi) E-mail ID	:	pramod.gupta@carehospitals.com
	(vii) URL of Website	:	http://www.carehospitals.com
	(viii) GPS coordinates of HCF or CBMWTF	:	17.43027, 78.37197
	(ix) Ownership of HCF or CBMWTF	:	Private
	(x). Status of Authorisation under the Bio-Medical Waste (Management and Handling) Rules	:	Authorisation No.: 905/RR-I/TSPCB/RO-I/RRD/BMWA/2021-449 valid up to 30/06/2026
	(xi). Status of Consents under Water Act and Air Act	:	NA
2.	Type of Health Care Facility	:	Private
	(i) Bedded Hospital	:	9
	(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	:	2570/DRA/RR2025 Valid upto 05.01.31
3.	Details of CBMWTF	:	NA
	(i) Number healthcare facilities covered by CBMWTF	:	--

	(ii) No of beds covered by CBMWTF	:	--																																																
	(iii) Installed treatment and disposal capacity of CBMWTF:	:	--																																																
	(iv) Quantity of biomedical waste treated or disposed by CBMWTF	:	NA																																																
4.	Quantity of waste generated or disposed in Kg per annum (on monthly average basis)	:	Yellow Category :8.27 Kgs Red Category :7.33 Kgs White:3.33Kg Blue Category :3.17 Kgs General Solid waste: 21.80 Kgs																																																
5	Details of the Storage, treatment, transportation, processing and Disposal Facility																																																		
	(i) Details of the on-site storage facility	:	Size : -- 11.7 sq mt Capacity : -- 150 bags Provision of on-site storage : (cold storage or any other provision) Dedicated Central Biowaste Area																																																
	disposal facilities	NA	<table border="1"> <thead> <tr> <th>Type of treatment equipment</th> <th>No of units</th> <th>Capacity Kg/day</th> <th>Quantity treated or disposed in kg per annum</th> </tr> </thead> <tbody> <tr><td>Incinerators</td><td></td><td></td><td></td></tr> <tr><td>Plasma Pyrolysis</td><td></td><td></td><td></td></tr> <tr><td>Autoclaves</td><td></td><td></td><td></td></tr> <tr><td>Microwave</td><td></td><td></td><td></td></tr> <tr><td>Hydroclave</td><td></td><td></td><td></td></tr> <tr><td>Shredder</td><td></td><td></td><td></td></tr> <tr><td>Needle tip cutter or destroyer</td><td></td><td></td><td></td></tr> <tr><td>Sharps encapsulation or concrete pit</td><td></td><td></td><td></td></tr> <tr><td>Deep burial pits:</td><td></td><td></td><td></td></tr> <tr><td>Chemical disinfection:</td><td></td><td></td><td></td></tr> <tr><td>Any other treatment equipment:</td><td></td><td></td><td></td></tr> </tbody> </table>	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:			
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	(iii). Quantity of recyclable wastes sold to authorized recyclers after treatment in kg per annum.	:	NA																																																

	(iv) No of vehicles used for collection and transportation of biomedical waste	:	TWO TS06UA8325 , TS09UD1735
	(v) Details of incineration ash and ETP sludge generated and disposed during the treatment of wastes in Kg per annum		NA
	(vi) Name of the Common Bio-Medical Waste Treatment Facility Operator through which wastes are disposed of	:	GJ Multiclave Pvt Ltd.
	(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		Yes , The compliance related to BMW is discussed in Hospital Infection Control Committee
7	Details trainings conducted on BMW		
	(i) Number of trainings conducted on BMW Management.		24
	(ii) number of personnel trained		60 – Nursing, Housekeeping, Technician
	(iii) number of personnel trained at the time of induction		317
	(iv) number of personnel not undergone any training so far		Nil
	(v) whether standard manual for training is available?		Yes
	(vi) any other information)		None
8	Details of the accident occurred during the year		Nil
	(i) Number of Accidents occurred		Needle stick injury – 00
	(ii) Number of the persons affected		00
	(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?		N/A
	Details of Continuous online emission monitoring systems installed		N/A

10	Liquid waste generated and treatment methods in place. How many times you have not met the standards in a year?		Liquid waste generated , We have installed STP and met the standards all time
11	Is the disinfection method or sterilization meeting the log 4 standards? How many times you have not met the standards in a year?		Disinfection method is meeting the log 4 standards all the times
12	Any other relevant information	:	N/A

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

Date:
Place

18/01/2026
Cane Hill - Goa

Name and Signature of the Head of the Institution

[Handwritten Signature]



FORM - I
[(See rule 4(o), 5(i) and

15 (2)] ACCIDENT

REPORTING

CARE HITECH OP

BLOCK

1. Date and time of accident : NA
2. Type of Accident : NA
3. Sequence of events leading to accident : NA
4. Has the Authority been informed immediately : NA
5. The type of waste involved in accident : NA
6. Assessment of the effects of the accidents on human health and the environment: NA
7. Emergency measures taken : NA
8. Steps taken to alleviate the effects of accidents : NA
9. Steps taken to prevent the recurrence of such an accident : NA
10. Does your facility have an Emergency Control policy? If yes give details: YES ,FIRE EMERGENCY PREPAREDNESS, SPILL MANAGEMENT DISASTER MANAGEMENT

Date : 18/06/2026

Signature 

Place: Care Hi-Tech

Designation : HCOO