



SHCSL/LH/01

# SUCHIRAYU HEALTH CARE SOLUTIONS LTD.

☎ : 0836-2239000

Survey No 29, M Timmasagar, Javali Garden, Near KSRTC Depot Circle, Gokul Road, HUBLI-580030

Corporate Identity Number : U85110KA2011PLC056520

GSTIN : 29AAPCS2451P1ZJ ● PAN : AAPCS2451P

Ref, No: SHCSL/ADM/944/ 2025 -2026

Date: 10/06/2025

To:

ENVIRONMENTAL OFFICER  
Regional Office  
Karnataka State Pollution Control Board  
4. Lakkamanahalli Industrial Area  
Dharwad - 58004

Dear Sir/Madam.

Sub: Submission of Annual Returns Statement (Form - IV) in respect of Suchirayu  
Healthcare Solutions Limited, Hubballi.

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We are submitting here with Bio Medical Waste Annual Returns Statement in respect of Suchirayu Healthcare Solutions Limited, Sy No.29/8, 9, 10 Javali garden off Gokul road Hubballi. For the year 1<sup>st</sup> January 2024 to 31<sup>st</sup> December 2024. Under the Environmental (Protection) Act, 1986

We request you to kindly consider our documents for necessary action. & same may kindly be acknowledged.

Thanking You



*Handwritten signature*

Yours sincerely



13/6/2025

**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)]

Sl. No.	Particulars		
I.	Particulars of the Occupier	:	SUCHIRAYU HEALTH CARE SOLUTIONS LTD.HUBBALLI
	(i) Name of the authorised person (occupier or operator of facility)	:	Dr. Ajay Singh
	(ii) Name of HCF or CBMWTF	:	RIO GREEN ENVIRON INDIA ASTS HUBBALLI
	(iii) Address for Correspondence	:	Survey No 29/8, 9, 10. Javali Garden off Gokul Road Hubballi -580030
	(iv) Address of Facility	:	Survey No 29/8, 9, 10. Javali Garden off Gokul Road Hubballi -580030
	(v) Tel. No, Fax. No	:	0836 - 2239000
	(vi) E-mail ID	:	Legal.suchirayu@hcgel.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.:344984 valid up to 30.06.2027
	(xi). Status of Consents under Water Act and Air Act	:	30.06.2027
	Type of Health Care Facility	:	Multi – Specialty Hospital
	(i) Bedded Hospital	:	No. of Beds: 250
	(ii) Non-bedded hospital	:	-NA-
	(Clinic or Blood Bank or Clinical Laboratory or Research Institute or Veterinary Hospital or any other)	:	
	(iii) License number and its date of expiry	:	-NA-
	Details of CBMWTF	:	RIO GREEN ENVIRON INDIA ASTS HUBBALLI
	(i) Number healthcare facilities covered by CBMWTF	:	-NA-
	(ii) No of beds covered by CBMWTF	:	250
	(iii) Installed treatment and disposal capacity of CBMWTF:	:	_____ Kg per day

	during the treatment of wastes in Kg per annum	Incineration Ash ETP Sludge
	(vi) Name of the Common Bio-Medical Waste Treatment Facility Operator through which wastes are disposed of	RIO GREEN ENVIRON INDIA ASTS HUBBALLI
	(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 - - MOM Enclosed -
7	Details trainings conducted on BMW	
	(i) Number of trainings conducted on BMW Management.	
	(ii) number of personnel trained	70
	(iii) number of personnel trained at the time of induction	50
	(iv) number of personnel not undergone any training so far	- NA -
	(v) whether standard manual for training is available?	
	(vi) any other information)	
8	Details of the accident occurred during the year	- Nil -
	(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.	
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-

	(iv) Quantity of biomedical waste treated or disposed by CBMWTF	:	_____ Kg/day																																																
	Quantity of waste generated or disposed in Kg per annum (on monthly average basis)	:	<b>Yellow Category : 11724</b>																																																
		:	<b>Red Category : 11853</b>																																																
		:	<b>White : 1411</b>																																																
		:	<b>Blue Category : 2089</b>																																																
			General Solid waste:																																																
5	Details of the Storage, treatment, transportation, processing and Disposal Facility																																																		
	(i) Details of the on-site storage facility	:	Size : -NA-																																																
		:	Capacity : -NA-																																																
		:	Provision of on-site storage : (cold storage or any other provision)																																																
	(ii) Details of the treatment or disposal facilities	:	<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.	:	Red Category (like plastic, glass etc.)																																																
	(iv) No of vehicles used for collection and transportation of biomedical waste	:	----- NA -----																																																
	(v) Details of incineration ash and ETP sludge generated and disposed		<table border="1"> <thead> <tr> <th>Quantity generated</th> <th>Where disposed</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> </tr> </tbody> </table>	Quantity generated	Where disposed																																														
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	standards? How many times you have not met the standards in a year?		-NA-
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> January 2024 to 31<sup>st</sup> December 2024.

Date: 23.05.2025  
Place: Hubballi



Name and Signature of the Head of the Institution