



Date: 16-06-2023

Ref: Combined Consent Order No. AW-327770 PCB ID: 31504 Date: 02/11/2021

To,

The Environmental Officer
Bangalore –Rajarajeshwari Nagar
Karnataka State Pollution Control Board
2rd Floor, Nisarga Bhavan,
Thimmaiah Road, Shivannagar, Rajajinagar
Bangalore -560010

Sir,

Sub: Submission of Annual Report for the year 2022-23

Please find enclosed the annual report for the year 2022-23, of Hazardous Waste generated & Disposed by M/s. SPARSH Hospital (A Unit of Shiva & Shiva Orthopaedic Hospital Pvt Ltd), No.8, Ideal Homes, HBCS Layout, filled in Form 4.

Kindly acknowledge the same and do the needful.

Thanking you,
Yours cordially,
For SPARSH Hospital
(A Unit of Shive & Shive Orthopaedic Hospital Pvt Ltd)

Dr. B Rightan Kumar Authorized Signatory

Encl:

1. Annual Report -Form 4

2. Copy of Manifest for disposal

SPARSH Hospital (a unit of Shiva & Shiva Orthopaedic Hospital Pvt Ltd.)

No.8, Ideal Homes HBCS Layout, RR Nagar, Mysore Road, Bengaluru - 560098.

Registered office: #146, Infantry Road, Bengaluru - 560 001 | CIN No.: U85110KA2003PTC032782

Phone No: 080 61 222 000 | Email: info@sparshhospital.com | Website: www.sparshhospital.com



FORM 4 [See rules 6(5), 13(8), 16(6) and 20 (2)]

FORM FOR FILING ANNUAL RETURNS

[To be submitted to State Pollution Control Board by 30th day of June of every year for the preceding period April to March]

Name and address of facility: SPARSH Hospital (A Unit of Shiva & Shiva Orthopaedic Hospital Pvt. Ltd), No.8, Ideal Homes, HBCS Layout Bengaluru 560098

- 1. Authorization No. and Date of issue: AW-327770 PCB ID: 31504 Date: 02/11/2021
- 2. Name of the authorized person and full address with telephone, fax number and e-mail:

Dr. B R Kiran Kumar SPARSH Hospital

(A Unit of Shiva & Shiva Orthopaedic Hospital Pvt. Ltd), No.8, Ideal Homes, HBCS

Layout Bengaluru 560098

Mobile: 9513466101

Email: drkiran.br@sparshhospital.com

3. Production during the year (product wise), wherever applicable: NA

Part A. To be filled by hazardous waste generators

- 1. Total quantity of waste generated category wise: 5.1 (Used Oil)- 240 Ltrs
- 2. Quantity dispatched
 - to disposal facility
 - to recycler or co-processors or pre-processor: Nill (ii)
 - (iii) others
- 3. Quantity utilized in-house, if any Nill
- 4. Quantity in storage at the end of the year Nill

Part B. To be filled by Treatment, storage and disposal facility operators

- 1. Total quantity received -
- Quantity in stock at the beginning of the year -
- 3. Quantity treated -
- 4. Quantity disposed in landfills as such and after treatment -

5. Quantity incinerated (if applicable) -

6. Quantity processed other than specified above -

Quantity in storage at the end of the year -

1

- 1. Quantity of waste received during the year
 - domestic sources
 - imported (if applicable) (ii)
- 2. Quantity in stock at the beginning of the year -
- 3. Quantity recycled or co-processed or used -
- 4. Quantity of products dispatched (wherever applicable) -
- 5. Quantity of waste generated -
- 6. Quantity of waste disposed -
- 7. Quantity re-exported (wherever applicable)-
- 8. Quantity in storage at the end of the year -

NA

Signature of the Occupier or Operator of the disposal facility

Date: 16/06/2023

Place: Bangalore



· FORM 10 (Seerule 19 (1) MANIFEST FOR HAZARDOUS AND OTHER WASTE Sender's name and mailing address S.S. SPARSH HOSPITAL (including Phone No. e-mail) R.R. NAGAR BANGLORE 2. Sender's authorisation No. 3. Manifest Document No. Transporter's name and address: (including Phone No. and e-mail) (Truck/Tanker/Special Vehicle) Type of Vehicle 5. 6. Transporter's registration No. 7. Vehicle registration No. Alfa Refineries Receiver's name and mailing address Plot # 310H, Bennikuppa Road, KIADB Industrial Aria, Harohalli 2nd Phase, Kanakapura Taluk, Ramanagara Dist.- 562 112, e-mail) (including Phone No. E-mail:alfarefineries@gmail.com, Mob : 9448240965, 9740677771 307655, PCBID: 40833 Date: 06-09-2018 No.: authorisation 9. Receiver's **USED OIL CATAGARE 5.1** 10. Waste description m3 or MT No. of Quantity 11. Total quantity. No. of Containers (Solid/Semi-Solid/Sludge/Oily/Tarry/Slurry/Liquid) 12. Physical form 13. Special handling instructions and additional information I hereby declare that the contents of the consignment 14. Sender's Certificate are fully and accurately described above by proper shipping name and are categorised, packed, maked, and proper conditions for transport by road according to applicable national government regulations Day Month Signature: Name and stamp 15. Transporter acknowledgement of receipt of Wastes Day Year Month Signature: Name an Scertification for receipt of hazardous and other waste 16.

1) White To be Forwarded by the Sender to the State Pollution Control ofter Signing all the Seven Copies

2) Yellow To be Retained by the Sender ofter Signature on it from the transporter and rest of the Five Signed Copies to be Carried by trasnporter

Signature:

3) Pink To be retained by the Receiver Actual User of treatment Storage and disposal Facility operator receiving the waste and the remaining Four Copies are to be duly signed by the receiver

Month

- 4) Orange To be handed over to the transporter by the receiver often accepting Waste.
- 5) Green To be sent by the receiver to the State Pollution Control Board.
- 6) Blue To be sent by the receiver to the Sender.

Name and stamp

7) Grey To be Sent by the receiver to the State Pollution Control Board of the Sender in cash the Sender's is in another State.

Year