

COMPREHENSIVE EYE EXAMINATIONS & LATEST FACILITIES FOR

\*PHACO (STICHLESS CATARACT SURGERY)  
\*ZVOTIX LASIK LASER (SPECTACLE REMOVAL)  
\*PHAKIC IOL  
\*TRAUMA  
\*CONTACT LENSES

SUPER-SPECIALITY CLINIC FOR

\*CORNEA  
\*RETINA  
\*GLAUCOMA  
\*SQUINT & OCULOPLASTY  
\*PAEDIATRIC & NEURO OPHTHALMOLOGY



EYE-Q  
SUPER-SPECIALITY  
EYE HOSPITALS

To,

The Regional Officer

U.K Pollution Control Board. Roorkee.

Subject: Submission of Annual report for Jan-2023 to Dec-2023.

Dear Sir,

We, Eye-Q Vision Private Limited situated at Eye Q Vision Pvt Ltd , Ground and Forst Floor, H.No 637, Near Sindhi Sweet, Chow Mandi, Roorkee , Uttralhand-247667 holding certificate under Pollution Control Bard via Authorization No BMW-47/2021/674 valid till clinical operational hereby submit the Annual Report for the period 1<sup>st</sup> January 2023 to 31<sup>st</sup> December 2023.

Attached herewith is the annual report in from IV for your perusal.

For Eye-Q Vision Private Limited

Authorized signatory



EYE-Q VISION PRIVATE LIMITED

Corporate Office : First Floor, Nursing Home 1, Sector - 46, Gurgaon - 122 002 | Tel. : 0124-4245460

CIN NO. U85121DL2006PTC152865

Registered Office : UG1, Suneja Tower 1, Janakpuri District Center, Janakpuri, Delhi-110058

Website: www.eyeqindia.com

**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	
1.	Particulars of the Occupier	: Shokat Ali
	(i) Name of the authorised person (occupier or operator of facility)	:
	(ii) Name of HCF or CBMWTF	: Eye-Q Vision Pvt Ltd
	(iii) Address for Correspondence	: Ground & 1st Floor
	(iv) Address of Facility	: H.No. 637, Chola Mandi
	(v) Tel. No, Fax, No	: Risor/Kee
	(vi) E-mail ID	:
	(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 Authorisation under the Bio-Medical Waste (Management and Handling) Rules	: Authorisation UKPCB/RCR No.: BMW/47/2021/674 30/09/21.....valid up to 31/3/25
	(xi). Status of Consents under Water Act and Air Act	: Valid up to: 30/09/24
2.	Type of Health Care Facility	:
	(i) Bedded Hospital	: No. of Beds: 0/2
	(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	:
3.	Details of CBMWTF	:
	(i) Number healthcare facilities covered by CBMWTF	:
	(ii) No of beds covered by CBMWTF	:
	(iii) Installed treatment and disposal capacity of CBMWTF:	: _____ Kg per day





	(iv) Quantity of biomedical waste treated or disposed by CBMWTF :	_____ Kg/day																																																				
4.	Quantity of waste generated or disposed in Kg per annum (on monthly average basis)	Yellow Category : 76 Kg Red Category : 103 Kg White: 7.6 Kg Blue Category : 41 Kg General Solid waste: 120 Kg																																																				
5	Details of the Storage, treatment, transportation, processing and Disposal Facility																																																					
	(i) Details of the on-site storage facility	Size : 10x4 Capacity : 10 Kg Provision of on-site storage : (cold storage or any other provision) SAME																																																				
	(ii) Details of the treatment or disposal facilities	<table border="1"> <thead> <tr> <th>Type of treatment equipment</th> <th>No of unit s</th> <th>Cap acit y Kg/ day</th> <th>Quantity treatedo r 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>-1</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>-1</td><td></td><td></td></tr> <tr><td>Sharps</td><td>-1</td><td></td><td></td></tr> <tr><td>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 unit s	Cap acit y Kg/ day	Quantity treatedo r disposed in kg per annum	Incinerators				Plasma Pyrolysis				Autoclaves	-1			Microwave				Hydroclave				Shredder				Needle tip cutter or destroyer	-1			Sharps	-1			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.) NIL																																																				
	(iv) No of vehicles used for collection and transportation of biomedical waste	2																																																				
	(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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	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	Medical pollution control committee
	(vii) List of member HCF not handed over bio-medical waste.	
6	Do you have bio-medical waste management committee? If yes, attach minutes of the meetings held during the reporting period	
7	Details trainings conducted on BMW	
	(i) Number of trainings conducted on BMW Management.	1
	(ii) number of personnel trained	2
	(iii) number of personnel trained at the time of induction	2
	(iv) number of personnel not undergone any training so far	1
	(v) whether standard manual for training is available?	Yes
	(vi) any other information	-
8	Details of the accident occurred during the year	0
	(i) Number of Accidents occurred	0
	(ii) Number of the persons affected	0
	(iii) Remedial Action taken (Please attach details if any)	0
	(iv) Any Fatality occurred, details.	0
9.	Are you meeting the standards of air Pollution from the incinerator? How many times in last year could not met the standards?	0
	Details of Continuous online emission monitoring systems installed	0
10	Liquid waste generated and treatment methods in place. How many times you have not met the standards in a year?	0
11	Is the disinfection method or sterilization meeting the log 4	0





	standards? How many times you have not met the standards in a year?		0
12	Any other relevant information	:	(Air Pollution Control Devices attached with the Incinerator)

Certified that the above report is for the period from

01st Jan-2023 to 31st Dec-2023

Name and Signature of the Head of the Institution

Date: 05-04-2024

Place Roorkee

