



UNION TERRITORY OF JAMMU & KASHMIR
OFFICE OF THE MEDICAL SUPERINTENDENT
GOVT. MEDICAL COLLEGE & ASSOCIATED HOSPITAL KATHUA
Tele fax: 01922 - 234323, Mob: 9419109364, Email: medsupdtbhk@gmail.com

To
The Pollution Control Board,
Kathua.

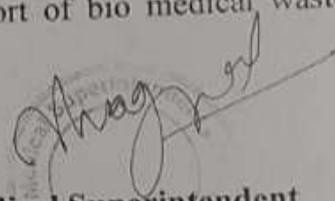
NO: MS/AH/GMCK/2025-26/ 6917

Dated: -07.01.2026

Subject: Annual Report of Bio Medical Waste Management.

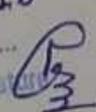
R/Madam,

Kindly find enclosed herewith the annual report of bio medical waste management.

for

Medical Superintendent
A.H.GMC Kathua

Copy to the:

1. Principal, Govt. Medical College Kathua for information.
2. Stock file.

Divisional Officer J&K FCC
(Kathua)
Receipt No.: 504
Date: 08/01/2026
Encls: -
Signature: 

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 (CBMWTf)]

Sl. No.	Particulars	
1	Particulars of the Occupier	Med. Supt AUGMC Kothua
	(i) Name of the authorised person (occupier or operator of facility)	Ms. Sangeeta Agarwal up to 2025
	(ii) Name of HCF or CBMWTf	M/s. Anmol Health Care
	(iii) Address for Correspondence	M/s. Anmol Health Care
	(iv) Address of Facility	Associated Hospital Kothua
	(v) Tel. No., Fax No.	
	(vi) E-mail ID	Med Supt dr kt @ gmail.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) <input checked="" type="checkbox"/>
	(x) Status of Authorisation under the Bio-Medical Waste (Management and Handling) Rules	Authorisation No. Jk.Rc/digital/1059426 valid up to April 2025.
	(xi) Status of Consents under Water Act and Air Act	Valid up to: Date of issue 30/07/2024 up to one year
2	Type of Health Care Facility	
	(i) Bedded Hospital	No. of Beds 500
	(ii) Non-bedded hospital (Clinic or Blood Bank or Clinical Laboratory or Research Institute or Veterinary Hospital or any other)	N/A
	(iii) License number and its date of expiry	
1	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	Kg/day

	(iv) No of vehicles used for collection and transportation of biomedical waste		Out-Source	
	(v) Details of incineration ash and ETP sludge generated and disposed during the treatment of wastes in Kg per annum		Quantity generated	Where disposed
		Incineration Ash		
		ETP Sludge		
	(vi) Name of the Common Bio-Medical Waste Treatment Facility Operator through which wastes are disposed of		Animal Health Care	
	(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		Yes	
7	Details trainings conducted on BMW		8 times	
	(i) Number of trainings conducted on BMW Management.			
	(ii) number of personnel trained		300	
	(iii) number of personnel trained at the time of induction			
	(iv) number of personnel not undergone any training so far			
	(v) whether standard manual for training is available?		Yes	
	(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			
	(iii) Remedial Action taken (Please attach details if any)			
	(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 me the standards?		N/A	
	Details of Continuous online emission		Yes	

disposed by CBMWTF					
4	Quantity of waste generated or disposed in Kg per annum (on monthly average basis)	Yellow Category: 8973.696			
		Red Category: 15018.979			
		White: 248.167			
		Blue Category: 6821.76			
		General Solid waste: 60368.60Kg			
5		Details of the Storage, treatment, transportation, processing and Disposal Facility			
(i) Details of the on-site storage facility		Size: C, 10F			
		Capacity			
		Provision of on-site storage: (cold storage or any other provision)			
(ii) Details of the treatment or disposal facilities		Type of treatment equipment	No of unit	Capacity Kg/day	Quantity Treated or disposed in kg per annum
Out-Source		Incinerators			
		Plasma Pyrolysis			
		Autoclaves			
		Microwave			
		Hydroclave			
		Shredder			
		Needle tip cutter or destroyer			
		Sharps encapsulation or concrete pit			
		Deep burial pit			
		Chemical disinfection			
(iii) Quantity of recyclable wastes sold to authorized recyclers after treatment in kg per annum.		Red Category (like plastic, glass etc.)			

	monitoring systems installed	
10	Liquid waste generated and treatment methods in place. How many times you have not met the standards in a year?	yes
11	Is the disinfection method or sterilization meeting the log 4 standards? How many times you have not met the standards in a year?	yes
12	Any other relevant information	yes
		(Air Pollution Control Devices attached with the Incinerator)

Certified that the above report is for the period from 1 Jan 2025 to 31 Dec 2025

NO → 6917

Date → 7/01/2026
 Place → Associated Hospital
 G.m.c Katkua

Name and Signature of the Head of the Institution

Rajani Kumari
 g/c b.m.w

