

17 February 2026

To,
The Appropriate Authority,
Gujarat Pollution control Board
Gandhinagar

Subject: Submission of Annual Report for the Year 2025

Respected Sir/Ma'am,

We, *Dr. Banker Healthcare Pvt. Ltd.*, operate an IVF Clinic and Women's Hospital located at 108, Swastik Society, Navrangpura, Ahmedabad. Our facility holds a valid Bio-Medical Waste (BMW) Authorization bearing No. BMW-362904, which is valid up to 16/01/2028.

As per your instructions, we hereby submit the hard copy of the Annual Report for the year 2025 for your kind perusal and record.

We kindly request you to acknowledge the receipt of the same.

Thanking you in anticipation of your cooperation.


Yours sincerely,



Authorized Signatory
Dr. Banker Healthcare Pvt. Ltd.
IVF Clinic & Women's Hospital



Gujarat Pollution Control Board
Regional Office, Ahmedabad (City)
Sector-10-A, Old Building,
Gandhinagar-382010.


18/2/26

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)]

Sr no	Particular		
1	Particulars of the Occupier		
	(i) Name of the authorised person (occupier or operator of facility)		Dr. Manish Banker
	(ii) Name of HCF or CBMWTF	:	BANKER IVF & WOMENS HOSPITAL RUN BY DR. BANKER HEALTHCARE PVT. LTD.
	(iii) Address for Correspondence	:	108, Swastik Society,, Navarangpura,, Ahmedabad-380009, Dist: Ahmedabad. Tal: Ahmedabad
	(iv) Address of Facility		Care Bmw Incineration Plot No. 1216 AND 17.Santej.Kalol.Gandhinagar. Dist: GANDHINAGAR-5
	(v) Tel. No. Fax. No	:	9904401070
	(vi) E-mail ID	:	Manan.lala@gmail.com
	(vii) URI. of Website		www.bankerivf.com
	(viii) GPS coordinates of HCF or CBMWTF		Leti: 23.0398, Long: 72.5584
	(ix) Ownership of HCF or CBMWTF	:	Private
	(x). Status of Authorisation under the Bio-Medical Waste (Management and Handling) Rules	:	Auth No: BMW-362907, Valid Upto: 1/16 2028
	(xi). Status of Consents under Water Act and Air Act	:	Consent No: BW-60740, Valid Upto: 1/16 2028
2.	Type of Health Care Facility		
	(i) Bedded Hospital	:	No. of Beds:22
	(ii) Non-bedded hospital	:	GYN-Gynaecologist
	(iii) License number and its date of expiry		BMW-362907 VALID-16-01-2028
3.	Details of CBMWTF : NA		
	(i) Number healthcare facilities covered by CBMWTF	:	NA
	(ii) No of beds covered by CBMWTF	:	NA
	(iii) Installed treatment and disposal capacity of	:	_____ Kg per day

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	CBMWTF:		
	(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		70
	Red Category :		20
	White:		10
	Blue Category :		45
	General Solid waste:		12
5	Details of the Storage, treatment, transportation, processing and Disposal Facility		
	(i) Details of the on-site storage facility	:	5 CONTAINER 5 FEET
	(ii) Treatment Facility		NA
	(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	:	01
	(v) Details of incineration ash and LTP 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	:	Care BMW Incineration
	(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		
	(i) Number of trainings conducted on BMW Management.		2
	(ii) number of personnel trained		25
	(iii) number of personnel trained at the time of induction		2
	(iv) number of personnel not undergone any training so far		0
	(v) whether standard manual for training is available?		yes
	(vi) any other information)		NA
8	Details of the accident occurred during the year		
	(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.		
9.	Are you meeting the standards of air Pollution from the incinerator? How many times in last year could not met the standards? 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 standards? How many times you have not met the standards in a year?		Yes
12	Any other relevant information		NA

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




Name and Signature of the Head of the Institution

Date: 17/02/2026