



UTTAR PRADESH POLLUTION CONTROL BOARD

TC-12V, Vibhuti Khand, Gomti Nagar, Lucknow-226010

Phone :2400852, 2400851, Fax:0651- 2400850

<http://www.uppcb.com/>

FORM III (See Rule 10) AUTHORISATION

(AUTHORISATION FOR OPERATING A FACILITY FOR COLLECTION, RECEPTION, TREATMENT, STORAGE, TRANSPORT AND DISPOSAL OF BIOMEDICAL WASTES)

1. File no. of authorisation and date of issue: No:- 13015563 and Date:-05/08/2021
2. M/s I T S DENTAL COLLEGE HOSPITAL AND RESEARCH CENTRE, RAMPRAKASH CHADHA an occupier or operator of the facility located at ITS DENTAL COLLEGE HOSPITAL RESEARCH CENTRE, PLOT NO.47, KNOWLEDGE PARK III, GREATER NOIDA, GAUTAM BUDH NAGAR, 201308 is hereby granted an authorisation for:

Generation, segregation

Collection



Storage

Transportation



Reception

Use

Recycling

Offering for sale

Packaging

Transfer

Treatment or Processing or Conversion

Disposal or destruction

Any other form of handling

3. M/s I T S DENTAL COLLEGE HOSPITAL AND RESEARCH CENTRE is hereby authorized for handling of biomedical waste as per the capacity given below:
 - (i) Number of beds of HCF: 100
 - (ii) Number of health care facilities covered by CBMWTF: NA
 - (iii) Installed treatment and disposal capacity: NA
 - (iv) Area or distance covered by CBMWTF: NA
 - (v) Quantity of Biomedical waste handled, treated or disposed: 8.20 Kg/day
4. This authorisation shall be in force for a period of Three Years from the date of issue.
- 4.1 The authorization shall be valid for till 31/07/2024
5. This authorisation is subject to the conditions stated below and to such other conditions as may be specified in the rules for the time being in force under the Environment (Protection) Act, 1986

Date: 05/08/2021
Place: ITS DENTAL COLLEGE HOSPITAL
RESEARCH CENTRE, PLOT NO.47,
KNOWLEDGE PARK III, GREATER
NOIDA,GAUTAM BUDH NAGAR,201308

Sapna Srivastava
Regional Officer

Terms and Conditions of Authorisation

1. The authorisation shall comply with the provisions of the Environment (Protection) Act, 1986 and the rules made there under.
2. The authorisation or its renewal shall be produced for inspection at the request of an officer authorised by the prescribed authority.
3. The person authorized shall not rent, lend, sell, transfer or otherwise transport the biomedical wastes without obtaining prior permission of the prescribed authority.
4. Any unauthorised change in personnel, equipment or working conditions as mentioned in the application by the person authorised shall constitute a breach of his authorisation.
5. It is the duty of the authorised person to take prior permission of the prescribed authority to close down the facility and such other terms and conditions may be stipulated by the prescribed authority.
6. The Unit will file the renewal application at least 2 months prior to the expiry of this Order

Specific Conditions:

1. The Authorization shall comply with provisions of the Environment (Protection) Act 1986 and the rules made there under.
2. The Authorization or its renewal shall be produced for inspection at the request of an officer, Authorized by the prescribed authority.
3. The Authorized person shall not rent, lend, transfer or otherwise transport the bio-Medical waste without obtaining prior permission of the prescribed authority.
4. It is duty of the Authorized person to take prior permission of the Board to close down the facility and such other terms and conditions may be stipulated by the prescribed authority.
5. Any unauthorized change in personnel, equipment or working condition as mentioned in the application by the person authorized shall constitute a breach of this authorization.
6. Bio- Medical waste shall not be mixed with other waste.
7. Bio- Medical waste shall be segregated into containers/ bags at the point of generation in accordance with schedule I. Prior to its storage, transportation, treatment and disposal. The Containers shall be labelled according to schedule IV.
8. No untreated bio medical waste shall be kept stored beyond a period of 48 hours.
9. You shall submit an annual report to the U.P. Pollution Control Board in from IV by 31st January every year. And include information about the categories and quantities of Bio Medical waste during the preceding year.
10. You shall maintain record related to the generation, collection, reception storage, Transportation, treatment and disposal and / or any form of handling of Bio Medical Waste in accordance with rule and guidelines, all records shall be subject to inspection and verification by the Board at any time.
11. It is within the power and functions of U.P. Pollution Control Board to modify/ revoke the terms and conditions of Authorization and issued under the Rule 10 of the Bio-Medical waste Management Rules, 2016.
12. You are hereby directed to comply the stipulated above mentioned conditions and submit the compliance report and steps taken in this regard within a month so that capacity of the facility may be verified failing which the authorization may be revoked and necessary legal proceeding shall be initiated.
13. You will install ETP to treat the leachate generated during collection/ storage of biomedical waste.
14. The Bio medical waste shall not be disposed off in open place in the premises.
15. Compliance of the sub rules 4(c) and (k) of the biomedical rules should be ensured within 3 months time & monthly progress report be sent to this office else authorization would be Revoked without further notice.
16. You are hereby directed to comply the provisions of Bio Medical Waste Management Rules, 2016.
17. This authorization shall be valid subject to the validity of agreement with the Common Bio- Medical Waste Treatment facility. Renewed agreement should be submitted before the expiry of existing agreement.

Memo No.: 13015563

Dated:05/08/2021

Copy To:

Chief Environmental Officer, Circle-1, U.P. Pollution Control Board, Lucknow for information and necessary action.

SAPNA SRIVASTAVA Digitally signed by SAPNA SRIVASTAVA
Date: 2021.08.06 11:19:37 +05'30'

Sapna Srivastava
Regional Officer

Reg. No. **01/C-4/Mathura/126/17,02.03.17**

Certificate Number: **3688/2021**

Issued Date: **11-02-2021**



www.EWRI.in
PRO, EPR, RECYCLING & DATA SANITIZATION

E-Waste Recyclers India

Government Authorized

ISO 9001:2015 & 14001:2015/ OHSAS 18001:2007

CERTIFICATE OF DESTRUCTION

Dear Associate to our Green Earth program

This is to certify that e-waste received from **I.T.S Dental College**
Hospital & Research Centre

Address: **47, Knowledge park-III, Greater Noida- 201308**

has been disposed off in an environment friendly manner.

Description: **E-Waste Scrap**

Weight: **1140 Kg** MRN/EWRI No: **168/5854, Dated :- 02-02-2021**

We thank you for your efforts in contributing to a Green Environment.

Authorized Signatory

EWRI

Works Manager

EWRI



Responsible[™]
Recycling



FACILITY : E-50 UPSIDC, KOSI KOTAWAN, DISTT.MATHURA - 281403 (U.P)

Toll Free:-1800-102-5679 / Customer Care:-011-4000-0000

ewaste@ewri.in

www.ewri.in

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AGREEMENT

NDA-121

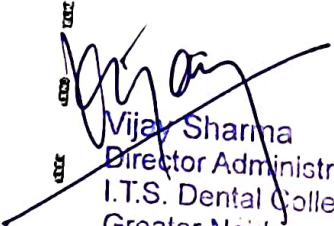
This agreement is made and executed at Meerut on May 17, 2022 and shall be valid only when endorsed through a SEAL of Synergy Waste Management (P) Ltd.

BY AND BETWEEN

Synergy Waste Management (P) Ltd., having its Registered Office at 517-518, 5th Floor, D-Mall, Rohini West, New Delhi - 110085 (CIN No.- U74999DL2005PTC283340), hereinafter referred to as 'Service Provider', duly represented by its Authorized Signatory.

AND

Name of Health Care Establishment (HCE): ITS DENTAL COLLEGE & SURYA HOSPITAL (NOIDA) (Hereinafter referred to as WASTE GENERATOR).


Vijay Sharma
Director Administration
I.T.S. Dental College,
Greater Noida



Constitution: **TRUST**

Address of the (HCE) : **47, KNOWLEDGE PARK-III, GREATER NOIDA, GAUTAM BUDDHA NAGAR, UTTAR PRADESH 201308**

Address of the HCE's parent concern (if different from above address) :

-N.A.-

Landline : _____ Mobile : _____
Email : _____

Name of the Individual / Proprietor / Partner / **DIRECTOR (ADMIN)**

MR VIJAY KUMAR (Mobile No.) **8447753522**

Registration Number : _____ / (New Hospital / Clinic / Diagnostic Centre)
(Registration to be applied).

Landline No. : _____ E-mail ID : **dir.admin.dntl@its.edu.in**

Authorized representative of Waste Generator: _____

(If different from Doctor)

Designation: _____ Contact No. : _____

RECITALS

Whereas the Service Provider has been duly authorized by **U. P. Pollution Control Board (UPPCB)** under the provisions of BMW Rule 2016 for providing services of the Collection, Transportation, Storage, Treatment, and Disposal of the Bio-Medical Waste.

And whereas the Waste Generator is desirous to outsource the disposal of its Bio-Medical Waste generated by them and have approached the Service Provider for providing its services at its treatment facility located at

Subharati Medical College Campus, Subharati Puram, Meerut

And both the parties are agreed to enter into this agreement on the terms and conditions narrated hereinafter.

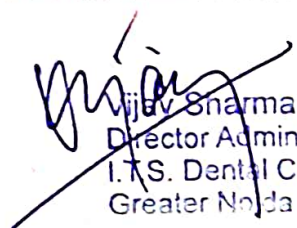
NOW THIS INDENTURE WITNESSETH and it is hereby covenant as follows:

1. Validity of the Agreement

This agreement shall remain in force for a period of **1 Year / 0 Months / 0 Days** w.e.f. **Jun 01, 2022** to **May 31, 2023** (both days inclusive), which may be renewed further with mutual consent of both the parties.

However, if the WASTE GENERATOR does not initiate the services within 15 (fifteen) days from execution of this agreement, then this agreement shall become null & void automatically.

If the Waste Generator is a New Hospital / Clinic / Diagnostic Centre and the Registration with the Competent Authority is under process then the Validity of this agreement shall be termed as 'Provisional'. If the Waste Generator fails to submit Registration with competent authority within a period of 3 months, then this agreement shall become null & void. Once the Waste Generator submit its Registration Details, then the Service Provider shall validate this agreement with its seal.


Vijay Sharma
Director Administration
I.T.S. Dental College,
Greater Noida



That this agreement may be renewed further for the period and terms and conditions as agreed in between both of the parties hereto.

2. Responsibilities of the "Service Provider"

2.1 That the "Service Provider" shall comply with provisions as stipulated in Schedule-1 of the BMW Rule 2016

2.2 That the "Service Provider" shall collect the segregated bio-medical waste from one designated waste collection point within the premises of WASTE GENERATOR on daily basis except on Sundays & National Holidays.

2.3 That the "Service Provider" shall schedule the timings for collecting the waste in consultation with the GENERATOR.

2.4 That the "Service Provider" shall transport the segregated waste in closed container vehicle to its treatment facility.

2.5 That the "Service Provider" shall not be held liable for any kind of the violation made by the WASTE GENERATOR / or its staff under the Bio-medical Waste Rule 2016.

3. Responsibilities of the WASTE GENERATOR

3.1 That the WASTE GENERATOR shall segregate the Bio-Medical waste at the point of generation in accordance with the BMW Rules 2016 and duly amended thereafter.

3.2 That the WASTE GENERATOR shall collect, pack, label and handover the segregated BMW in non-chlorinated bags as stipulated under BMW Rule 2016, which shall be arranged by the "Waste Generator" at its own cost.

3.3 That it shall be the sole responsibility of the Waste Generator to keep the BMW under lock and key so as to protect it from any sort of mishandling before it is handed over to the authorized person of Service Provider.

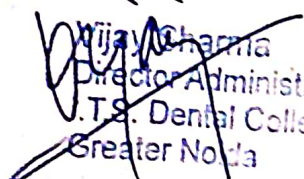
3.4 That the Waste Generator shall be responsible to disinfect and mutilate the sharps and handover it in sealed puncture proof containers to "Service Provider".

3.5 That the WASTE GENERATOR shall take all necessary steps to ensure that the waste is handled without causing any adverse effect to human health and environment.

3.6 That the WASTE GENERATOR shall establish a common secured waste collection end point within its premises for collection, storage of BMW before handing it over to "Service Provider".

3.7 That the WASTE GENERATOR shall designate a "Nodal Officer" to interact with "Service Provider".

3.8 That the WASTE GENERATOR shall apply and obtain necessary authorization from the Prescribed Authority under BMW Rules 2016 and duly amended thereafter and submit its necessary return to the Prescribed Authority from time to time as laid down in the said Rules.


Vijay Chandra
Director Administration
T.S. Dental College,
Greater Noida



4. The Terms of Payment

4.1 That the WASTE GENERATOR shall pay One Time Non-Refundable Membership Registration Fee of Rs. NIL/-.

4.2 That the WASTE GENERATOR has paid an amount equal to 0.00 months of service charges as refundable/ adjustable interest free security deposit.

4.3 That the Service Provider shall charge Rs.5325.0(Rs.Five Thousand Three Hundred Twenty Five Only.) per month for (Non-Bedded Health Care Facility) .

OR

Rs. N.A. per month for bedded Health Care facility (No. of Beds-0-)

For the service of collection, transport, treatment & disposal of BMW, subject to the condition of weight limit of 150.0 kg per month. Excess weight shall be charged @Rs.30.0 per kg. The above rates are EXCLUSIVE of GST & any other govt. charges if becomes applicable at any point of time.

That the Waste Generator has made a payment of Rs. NILL/-.(Rupees NILL/-, as advance payment for NILL months.

4.4 That the WASTE GENERATOR undertakes to make the payment through 'Account Payee Cheque or Demand Draft / NEFT' in favour of the Synergy Waste Management (P) Ltd., on or before 7th day of each successive month and thereafter the interest @ 18% for p. a shall be charged by the Service Provider if the payment is not made within the stipulated period.

4.5 That if in any case cheque is bounced besides , actual bank charges, a sum of Rs. 300/- extra will be charged.

4.6 That the jurisdiction of Court in all disputes shall be Delhi to try, entertain & dispose of any dispute between the parties there to.

5. Limitation of Liability

That neither party shall be liable to the other for any indirect, special, or consequential damages of any kind, including, but not limited to, loss of profits arising in any manner from this agreement regardless of the foreseeability thereof.

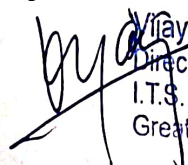
6. Force Majeure

That the Parties are not liable for any default or delay in the performance of their respective obligations under the terms of this Agreement; to the extent such default or delay is caused by an event beyond the reasonable control of the either of party, whichever entity is unable to perform (the "Non-Performing Party").

A Force Majeure Event includes but is not limited to, fire, flood, earthquake, elements of nature, acts of war, terrorism, riots, civil disorders, rebellion, strike, lockouts, or any other act or omission of God, government or any other party beyond the Party's control or responsibility. Force Majeure Events shall not give rise to any claim against the other Party; nor shall any default or delay, due to a Force Majeure

7. Indemnification

That the WASTE GENERATOR shall indemnify, defend and hold harmless the service provider, its shareholder, officers, directors, employees, representatives, agents and assignees from and against any and all Claims asserted against, imposed upon or incurred, due to, arising out of or relating to any breach by WASTE GENERATOR of any representation, warranty, term, condition or covenant set forth in this Agreement.

 Vijay Sharma
Director Administration
I.T.S. Dental College,
Greater Noida



8. Termination Clause

8.1 That both the parties shall be at liberty to terminate this contract by serving a written notice of 1 Month well in advance or alternately compensating the other party by an amount equal to 1 month's service charges.

8.2 Service Provider shall be at liberty to serve the notice of termination of agreement / suspension of services offered at any time to the WASTE GENERATOR if the WASTE GENERATOR fails to make the payment to "Service Provider" within a time frame of Two months from the date on which they became so payable.

8.3 That on termination of this agreement it shall be the responsibility of both the parties to inform prescribed authority as per the provisions of BMW Rules 2016.

THAT I/ WE HAVE READ AND UNDERSTOOD THE ENTIRE CONTENTS OF THIS AGREEMENT AND ASSENT MY/OUR FREE CONSENT TO THE CONTENTS.

THAT BOTH THE PARTIES UNDERTAKE TO REMAIN BOUND BY THE TERMS AND CONDITIONS SET OUT HEREIN ABOVE.

IN WITNESS WHEREOF, THE PARTIES HERE TO HAVE SET THEIR SIGNATURE AND SEAL ON THE DAY AND YEAR MENTIONED HEREIN ABOVE.

WASTE GENERATOR

ITS Dental College & Surya Hospital (Noida)

Vijay Sharma
Director Administration
I.T.S. Dental College,
Greater Noida



AUTHORIZED SIGNATORY

WITNESS

Name _____

Signature

SERVICE PROVIDER

SYNERGY WASTE MANAGEMENT (P)LTD.



AUTHORIZED SIGNATORY

WITNESS

Name _____

Signature