



सत्यमेव जयते

GOVERNMENT OF INDIA
MINISTRY OF CORPORATE AFFAIRS

Corporate Identity Number:

IN THE MATTER OF

DS Ministry of
corporate
affairs 7

Digitally signed by DS Ministry of corporate affairs 7
DN: cn=Ministry of corporate affairs, o=GOVERNMENT OF INDIA, postalCode=110001, postalCode=110001, email=ds@ministryofcorporateaffairs.gov.in, serialNumber=7
Reason: I am in the signing and integrity of this document
Date: 2023.05.26 10:52:10 +05'30'

Registrar of Companies

Mailing Address as per record available in Registrar of Companies office:





Radiology Imaging Diagnostics Services in Public Private Partnership Mode
Punjab Health Systems Corporation, Govt. of Punjab
with KDPL Diagnostics (Ludhiana) Pvt. Ltd.



KDPL/PPP/Path/Punjab/49/Gen/2022-23/MOGA

Date - 04/07/2022

To,

The SENIOR Medical Officer,
MOGA CIVIL HOSPITAL,
MOGA.

Subject: - Operational of Pathology Department at CIVIL HOSPITAL, MOGA under PPP mode.

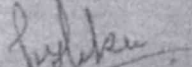
Respected Sir/ Mam,

At the very outset, we take this as an opportunity to thank you for extending your valuable guidance for early operational of the Pathology Department at CIVIL HOSPITAL, MOGA.

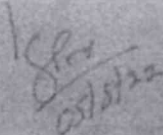
With reference to the above captioned subject, we are very happy to inform you that we have successfully completed the installation of all the machines, the Tele-reporting Software and also have conducted trainings related thereof for the commencement of the Pathology Department at CIVIL HOSPITAL MOGA.

We are proud to inform you that, the said departments have now operationalized with effect from 03-08-2022.

Thanking You,


Yours Faithfully,

Krsnaa Diagnostics Ltd.


Senior Medical Officer
Civil Hospital, MOGA

KDPL Diagnostics (Ludhiana) Pvt. Ltd.

CT Scan & MRI Services

Ludhiana Cluster - Ludhiana | Moga | Faridkot | Khanna

CIN - U85100PN2023FTC199690

(R)

ਸੀਨੀਅਰ ਮੈਡੀਕਲ ਅਫਸਰ, ਸਿਵਲ ਹਸਪਤਾਲ, ਮੋਗਾ

ਫੋਨ: 01636-220410

ਮੋਨ ਬਜ਼ਾਰ, ਮੋਗਾ

ਈ-ਮੇਲ: chmoga@gmail.com

ਨੰਬਰ _____

ਮਿਤੀ 22/01/2024 _____

Address Proof Document

This is to hereby declare that Krsnaa Diagnostics Ltd laboratory is situated in the premises of government hospital as per the agreement on dated 02 Aug 2021. The Complete address for communication of pathology laboratory is mentioned as below;

Krsnaa Diagnostics Ltd
MATHURA DASS CIVIL HOSPITAL
MOGA 142001
Punjab

ISru
22/01/24
Senior Medical Officer
I/c. Civil Hospital, MOGA

FORM II
(See Rule 10)

APPLICATION FOR AUTHORIZATION OR RENEWEL OF AUTHORISATION
(To be submitted by occupier of Health Care Facility or Common Bio-Medical Waste Treatment Facility)

To

The Member Secretary,
Punjab Pollution Control Board,
Vatavaran Bhawan Nabha Road, Patiala.
Pin-147001

1	Particulars of the applicant:	
i)	Name of the applicant	: JYOTI
	Designation	: INCHARGE
ii)	Name of the Institution	: KRSNAA DIAGNOSTIC MOHALI PVT LTD
	Address for correspondence	: INSIDE CIVIL HOSPITAL MOGA
	Landline phone No	: 01636-
	Mobile No.	: 9877676255
	E-mail Id	: centremanagemoga@krsnaa.in
2	Particulars of HCF	
i)	Name of HCF or CBWTF	: KRSNAA DIAGNOSTIC MOHALI PVT LTD
ii)	BMW Facility Type	: HCF
iii)	BMW Facility Status	: HCF-Common Facility Member
iv)	CBWTF-location of treatment and disposal	: VILLAGE BIR PIND TEHSIL NAKODAR DISTRICT JALANDHAR, Bir Pind, NAKODAR
v)	Office address of treatment and disposal	: MERIDIAN MILIEU CARE PVT LTD
vi)	Address of the location of Health Care Facility or CBWTF	: INSIDE CIVIL HOSPITAL MOGA
3	Details of HCF	
i)	Medical Treatment Facility provided to Outpatients	: -
ii)	Medical Treatment Facility provided to Inpatients	: -
iii)	Average number of sample per year (for HCF)	: 750.0
iv)	For Non bedded Hospital (Specify)	: -
v)	Blood Bank Facility/Microbiology	: -
vi)	Total number of inpatients & outpatients treated per month in the HCF	: -

vii)	GPS Coordinates- Lat/Lon of the location of applicant facility(In decimal degress with 6 decimals)	Latitude: - (N Decimal degrees)
		Longitude: - (E Decimal degrees)

4 Particulars of Application	
HCF/CBWTF ID	: L24MOG866143
Application No.	: 25175059
i) Authorization now Applied For :	: Fresh
ii) Activity for which authorization is sought	: Generation, segregation,Collection,Storage,Packaging,Reception,Disposal or destruction use
iii) Previous Authorization Details	: -
iv) Status of CTE/CTO-latest consent type, issued date and validity date	: -

5 Particulars of Bio-medical Waste

i) Quantity of BMW handled, treated or disposed:

Category	Type of Waste	Quantity Generated or collected in Kg/day or Ltr/day	Method of Treatment and Disposal as per Schedule-I
Yellow	a)Expired or Discarded Medicines	-	Incineration
	b) Chemical Liquid Waste	10	Pre-treatment with 10% Sodium Hypo-chlorite.
	c)Discarded linen, mattresses, beddings contaminated with blood or body fluid, Anatomical Waste, Human Anatomical Waste, Chemical Solid Waste, Microbiology, Biotechnology and other clinical laboratory wast	0.2	Incineration
Red	Contaminated waste (Recyclable)	0.1	Autoclaving followed by shredding. Treated waste to be sent to Authorised recyclers or for energy recovery or plastic to Diesel or fuel oil or for road making
White(Translucent)	Waste sharps including Metals	0.2	Autoclaving followed by shredding. Treated waste to be sent to Iron foundries or sanitary landfill or designated concrete waste sharp pit.
Blue	Glassware and Metallic Body Implants	0.3	Disinfection or Autoclaving or microwaving or hydroclaving and then sent for recycling
	Total	0.80 Kg/Day or Ltr/day	

6	Website	:	-
7	Mode of Transportation of BMW	:	Common Facility Vehicle
8	Details of directions or notices or legal actions if any during the period of earlier authorisation	-	-

9	Declaration
	<p>I do hereby declare that the statements made and information given above is true to the best of my knowledge and belief and that I have not concealed any information.</p> <p>I do also hereby undertake to provide any further information sought by the prescribed Authority in relation to these rules and to fulfil any conditions stipulated by the prescribed Authority.</p>

Date: 16/03/2024

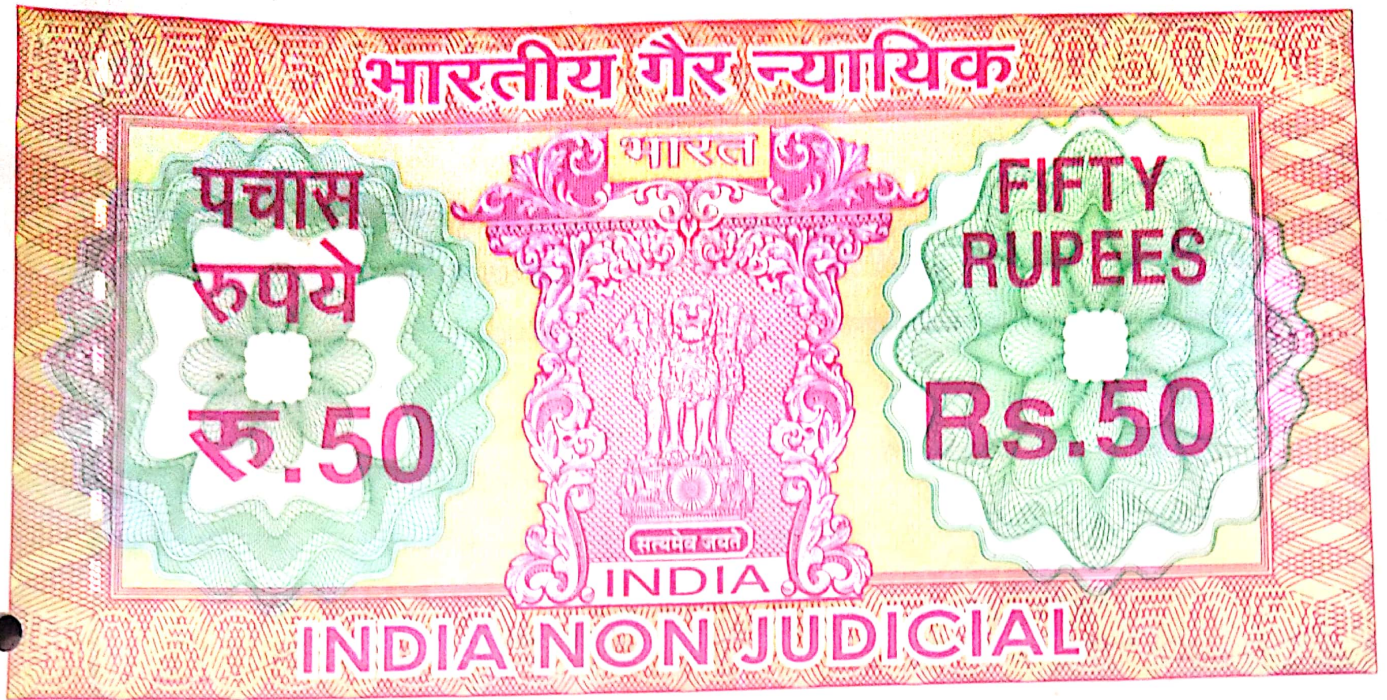
Jyoti-kath

Signature of the applicant

Name: JYOTI

Designation: INCHARGE

Enclosures:



थेनाघ पंजाब PUNJAB

AT 484729

For service-related support contact 9875964762

AGRR. NO. <u>1946</u>	CODE _____
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For accounts related contact your area collector at 94631-77101

COLLECTOR USE 1. WA agreement copy must be sent to the plant.

2. Attach PAN/GST/Aadhaar/Cancelled Cheque copies with A/c or send pics.

NEW / RENEWAL CODE* _____ O/S* _____	DONE BY <u>Raj Kumar</u> DATE <u>24/7/23</u>	WA of _____ AGRR/ PAN/ GST/ AADHAR/ CHQ	Rcpt No _____ Dt _____ Amt _____ (Reg. _____ Serv _____)	PROPOSED SERVICE START DATE: <u>1.7.2023</u>
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PLANT USE Print WA copies and attach with a/c if not attached. FOR OFFICE USE

RECIEVED DATE:	TOWN <u>MOGA</u>	GPS CCOD UPLOADED ON GPS SITE. YES _____	ACCTS Inv # _____ RID # _____ RATES VERIFY BY _____	OFF FILE Sr No _____ / _____ CHECK FORM BY _____
ENTERED BY:	ROUTE <u>MOGA</u>			
	COLLECTOR <u>Raj Kumar</u>			

AGREEMENT

This agreement entered into on 24.7.23 and valid for 3 years w.e.f. 24.7.23 to 23.7.2026

BETWEEN

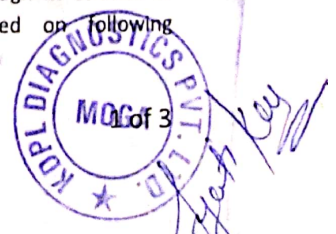
Meridian Milieu Care Private Limited (hereinafter referred to as "OPERATOR") having its operations/registered office at Village Bir Pind, Tehsil Nakodar, District Jalandhar (Punjab)-144043.

Duly represented by - Mr. Narinder Pal Singh

AND

KRSNAA DIAGNOSTICS MOHALI PVT. LTD Town / City

through its authorized person INCHARGE MRS. Jyoti Kaur ; hereinafter called "OCCUPIER" based on following information provided by it.



1161
20
183221

*Address T

50/1=50 Affidavit

Meridian Milieu Care Pvt: Ltd:

Through Suhab Partap Singh Director

Sunil Kapoor

Stamp Vendor, Jan Sahayata Kendra,

Near mini Secretreat, Pataila



*Address INSIDE CIVIL HOSPITAL, MOGA *Dist. MOGA
 *PIN 142001 *Telephone 98151-50955 *E-mail Can.tormanager.ludhiana@karma
 *Website _____ *GPS Code 30.811664; 75.168191
 (Waste storage area)
 *Cat LAB Diagnosistical *Beds - Null - *Constitution: Part *Sub-Constitution Part
 *Speciality: _____ *Super Spcty. multi *Bill Copy: Y/N: Prints Y PO/WO: Y/N.
 Payment Charges Rs: 1838/- PM or Rs: _____ / bed / day. *PAN No. _____
 Non-chlorinated bags payment Rs: 12/- GST EXTRA per kg. *Barcode Labelled Payment Rs: _____ per pc
 GST Reg Y/N. _____ *GST No. N/A *TAN No. N/A

Persons	Name	Designation	Mobile No.	E-mail ID
Nodal				
Accounts				

PPCB Auth. No. _____ Dt. _____ Valid _____ to _____
 Water Consent No. _____ Dt. _____ Valid _____ to _____
 Air Consent No. _____ Dt. _____ Valid _____ to _____

Both terms "OPERATOR" and "OCCUPIER" are as defined in Bio-Medical Waste (BMW) Management Rules 2016 as per MoEF notification dated 28th March 2016 along with amendment dated 16th March 2018 hereinafter called "BMW RULES".

Whereas the OPERATOR is the owner of Common Bio-Medical Waste Treatment Facility situated at Village Bir Pind, Nakodar, District Jalandhar and has obtained authorization from Punjab Pollution Control Board (PPCB) to operate this Facility for Treatment of BMW of Healthcare Facilities (HCF) and other units of Punjab.

Whereas OCCUPIER is a HCF or a unit generating BMW and agrees to avail the services being provided by OPERATOR for collection, transportation, treatment and disposal of BMW at terms and conditions as listed in succeeding paras.

RESPONSIBILITIES OF OPERATOR

1. OPERATOR shall meet all rules and regulations stipulated in BMW RULES after collection of waste and shall be liable for any improper handling and management thereafter except proper segregation and quality of bags/containers. The OCCUPIER shall remain liable for any improper segregation as per colour coding even after waste reaches the facility.
2. In case OPERATOR vehicle fails to collect the BMW within 48 hours of the designated time, the OCCUPIER shall inform the OPERATOR at its HCF Panel of software or via e-mail at meridianmilieucare@gmail.com or at 9463177101, who will ensure to strictly collect the BMW within the next 24 hours. There shall however be no deduction in payment for missed days as waste for these days shall be collected on the following day.
3. OPERATOR shall collect the segregated Bio-Medical Waste from a single identified common waste collection site in the premises of OCCUPIER where vehicle of OPERATOR can reach. OPERATOR can refuse acceptance of improperly segregated waste in bags without bar codes stickers or not delivered at a convenient identified place.
4. OPERATOR will not be liable if the OCCUPIER violates any of the terms and conditions of its authorization or proper segregation of waste at source as prescribed in BMW RULES.



RESPONSIBILITIES OF OCCUPIER

1. All consumables like plastic bags, needle cutters, disinfectants etc., shall be procured by the OCCUPIER at its own cost. OPERATOR is committed to supply the same on demand at standard rates as fixed by it. OPERATOR can refuse plastic bags/containers if these are not conforming to BMW RULES or as prescribed by PPCB.
2. The bags used for collecting waste shall be non-chlorinated plastic material with name of OCCUPIER and OPERATOR or manufacture printed/ written on it as schedule III & IV of BMW RULES.
3. The OCCUPIER shall establish a single common secured waste collection site within its premises for collection and final disposal to the OPERATOR and shall designate a "Nodal Officer" to interact with the OPERATOR.
4. All bags shall be sealed tightly by OCCUPIER with bar code stickers pasted properly so that it does not peel off till re-scanned at CBWTF site and OPERATOR will collect the sealed bags only at a secured designated point in the premises of the OCCUPIER.
5. The OCCUPIER shall disinfect the sharps and mutilate them before handing them over in puncture proof and spill proof containers to the OPERATOR. Similarly, all blood bags, urine bags, bottles, vials, etc. shall be emptied of any liquid in them. Rubber gloves shall also be cut with scissors before giving for treatment.
6. The OCCUPIER shall be solely responsible for number of beds mentioned in this agreement and as being declared to OPERATOR, which must be the same for which the authorization is proposed to be got from PPCB and beds as actually installed. The OCCUPIER shall inform OPERATOR and PPCB prior to any proposed change in the number of beds, OPERATOR's representative shall be allowed to inspect/check the bed strength installed at HCE at any time during the period of Agreement.
7. The OCCUPIER shall inform in writing to the OPERATOR if its establishment has been closed or shifted. The monthly charges shall continue until closure letter is received and the same has been authorized by PPCB.
8. As per instructions of PPCB, this agreement stands cancelled automatically if the OCCUPIER doesn't submit copy of PPCB authorization to the OPERATOR within 3 months of signing of this Agreement.

TERMS OF MEMBERSHIP AND PAYMENT

1. The OCCUPIER shall pay a membership Registration Fee of Rs. 1,500/- for fresh agreements and Rs. 500/- per year for renewals against proper receipt which is a non-refundable charge. GST 12% shall be extra. Re-start of services shall be subject to a charge of Rs. 1,500/- addition to the amount due including late fee.
2. The payment charges to be paid to the OPERATOR by the OCCUPIER shall be reviewed on 1st January each year, with Minimum 7% increase each year or from date and rate as decided by PPCB from time to time, whichever is less.
3. Payments that are not made by the 7th shall be charged late fee of Rs. 25/- per day up to 25th of the month.
4. OPERATOR shall stop collecting BMW from OCCUPIER if payments are not received by 25th of the month with information to PPCB.
5. All taxes whether applicable at time of Agreement or levied later on during the agreement shall be in addition to payment charges and shall be payable by the OCCUPIER.
6. All payment shall be against a proper receipt of OPERATOR. All bounced cheques shall be charged at Rs. 500 plus GST.
7. Any dispute arising out of this agreement shall be subject to the jurisdiction of Jalandhar Courts.

In witness whereof the parties hereto have set their hands to these presents on this date as above mentioned.

SIGNED AND DELIVERED BY

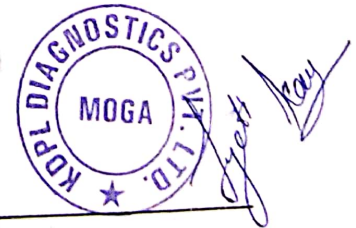
FOR MERIDIAN MILIEU CARE PVT. LTD.



AUTHORISED SIGNATORY

AUTHORISED REPRESENTATIVE OF THE OPERATOR
ON ITS BEHALF

SIGNED AND DELIVERED



Shri _____

AUTHORISED REPRESENTATIVE OF THE OCCUPIER
ON ITS BEHALF