

**The Companies Act, 2013**  
**Company Limited by Shares**  
**Memorandum**  
**And**  
**Articles of Association**  
**Of**

**ANUSHKA LIFE CARE PRIVATE LIMITED**



**GOVERNMENT OF INDIA  
MINISTRY OF CORPORATE AFFAIRS**

Central Registration Centre

**Certificate of Incorporation**

[Pursuant to sub-section (2) of section 7 and sub-section (1) of section 8 of the Companies Act, 2013 (18 of 2013) and rule 18 of the Companies (Incorporation) Rules, 2014]

I hereby certify that ANUSHKA LIFE CARE PRIVATE LIMITED is incorporated on this TWENTY SECOND day of FEBRUARY TWO THOUSAND TWENTY THREE under the Companies Act, 2013 (18 of 2013) and that the company is Company limited by shares

The Corporate Identity Number of the company is **U86905WB2023PTC260144**

The Permanent Account Number (PAN) of the company is **AAYCA2927M\***

The Tax Deduction and Collection Account Number (TAN) of the company is **CALA33448C\***

Given under my hand at Manesar this TWENTY SECOND day of FEBRUARY TWO THOUSAND TWENTY THREE

Document certified by DS MINISTRY OF  
CORPORATE AFFAIRS 10 - [ds@ca.mca.gov.in](mailto:ds@ca.mca.gov.in)

Digitally signed by  
DS MINISTRY OF CORPORATE  
AFFAIRS 10  
Date: 2023.03.05 00:10:56 IST

Sanjeev Jain

Assistant Registrar of Companies/ Deputy Registrar of Companies/ Registrar of Companies

For and on behalf of the Jurisdictional Registrar of Companies

Registrar of Companies

Central Registration Centre

Disclaimer: This certificate only evidences incorporation of the company on the basis of documents and declarations of the applicant(s). This certificate is neither a license nor permission to conduct business or solicit deposits or funds from public. Permission of sector regulator is necessary wherever required. Registration status and other details of the company can be verified on [mca.gov.in](http://mca.gov.in)

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

ANUSHKA LIFE CARE PRIVATE LIMITED

C/O-NANDA KUMAR ROY,ROY MARKET COMPLEX,STATION ROAD,BIRBHUM,PIN-731204,Bolpur,Birbhum,Birbhum-731204,West Bengal

\*as issued by Income tax Department







License No | 33440259

Original

**Statutory CE FORM VII: License**

[See rule 3]

This is to certify that the applicant mentioned below has been granted a license number West Bengal Clinical Establishment (Registration, Regulation and Transparency), Act 2017 vide Order issued [by the Undersigned] under such Number in respect of such clinical establishment situated at such address to keep or carry on the said clinical establishment having such number of beds offering such service facilities in such recognized system of medicine as mentioned below.

2. This is to certify that the license has been Registered vide registration No. as mentioned above under the Rule 3 of the West Bengal Clinical Establishment Rules, 2017, [by the undersigned] in respect of the clinical establishment as mentioned below and the License shall be valid for the period, from 19-07-2023 to 18-07-2024

3. The License is granted subject to the West Bengal Clinical Establishment (Registration, Regulation and Transparency), Act 2017, Clinical Establishment Rules 2017 and any contravention thereon shall in suspension or cancellation of this license before the expiry period.

4. This is to certify that such amount of license fee was collected as mentioned below which is non-refundable in case of any closure, suspension or withdrawal of any services as mentioned below.

5. This license is non-transferable.

6. Particulars of the Licensee:

6.a. Name of the Licensee: **BISWAJIT KARMAKAR**

6.b. Son/Daughter/Wife of: **Late Nabin Karmakar**

6.c. Address of the Licensee: **0, Ukilpatti, Netaji Road, Bolpur, Bolpur, Blopur, , Pin-731204**

7. Particulars of the Establishment:

7.a. Name of the Clinical Establishment: **ANUSHKA DIAGNOSTICS PROP. ANUSHKA LIFE CARE PVT. LTD.**

7.b. Address of the Clinical Establishment: **115/102, Station Road, Bolpur, Bolpur, Pin- 731204**

8.a. Order No. of the Licensing Authority granting License: **CE/34**

8.b. Date : **19-07-2023**

9. Validity of the license:

9.a. Granted/ Renewed from [Date]: **19-07-2023**

9.b. Valid upto [Date]: **18-07-2024**

9.c. Period of irregular running : **New**

9.d. Last date of Renewal [Date]: **18-06-2024**

10. Stipulated License fee: Rs. **10000.00 (Ten Thousand Only)**

11. Service facilities:

11.a. Name(s) of recognized system of medicine practiced : **Allopathy**

11.b. Number of beds : **General 0**

11.c. Special care beds : **0**

11.c. Types of service facilities to be provided : **Pathology Lab(Medium)**

Place: **SURI**

Date: **19-07-2023**

*[Signature]*  
19/07/2023

Chief Medical Officer of Health

Birbhum: West Bengal

Chief Medical Officer of Health  
BIRBHUM



## PERMANENT CERTIFICATE OF ENLISTMENT

**West Bengal Municipal Act, 1993**

**[See Section 118]**

**(Duplicate to be filled up)**

**Bolpur Municipality**

**Bolpur, Birbhum**

The Board of Councillors of Bolpur Municipality hereby grant unto **Tanusree Saha, Biswajit Karmakar**, the directors of **ANUSHKA DIAGNOSTICS PROP-ANUSHKA LIFE CARE PVT LTD**, residing and / or carrying on or intending to carry on business at holding Premises No. 115/102, STATION ROAD BOLPUR, P.O- BOLPUR, P.S- BOLPUR, Pincode- 731204 in Ward No. 13 and exercising or intending to exercise the Profession, Trade or Callings of **Health Institutions(Category), PATHOLOGICAL LABORATORY(Nature of Business)** this Permanent Certificate of Enlistment under Section 118 of the West Bengal Municipal Act, 1993 and acknowledge to have received in consideration thereof, a total fee of **₹ 8100/- (Rupees : Eight Thousand One Hundred)** only.

**This Certificate of Enlistment will be in force until the 01st day of March, 2026 and to be produced at the time of renewal.**

**Date of Issuance : 02-03-2023**



Bolpur Municipality|PATHOLOGICAL LABORATORY|0917P15092347045|02-03-2023|01-03-2026

(Scan QR Code with QR Reader)

**Disclaimer :** This document is auto-generated through Computer system as per data submitted by the applicant himself in online procedure. Respective Department / Authority/ Institution/ Office may verify the documents /credentials from the CE holder , if so deem fit.



Serial No.

**WEST BENGAL POLLUTION CONTROL BOARD**

D008 684.

*Paribesh Bhawan,  
10A, Block—LA, Sector III, Bidhannagar  
Kolkata - 700 098*



No.: 22/PCB/BBB/3461-06 II.

Date: 20/10/2023

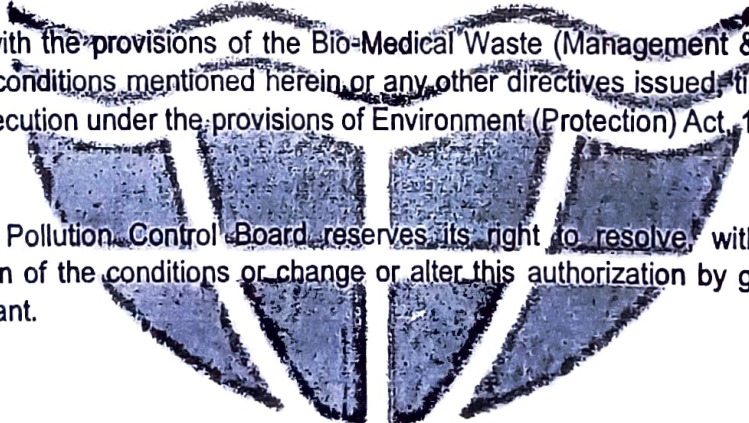
**Grant of Authorization**

Reference: Application for Authorization for the generation, collection, reception, storage, transportation, treatment, disposal and/or any other form of handling of bio-medical waste' as required under the provisions of the Bio-Medical Waste (Management & Handling) Rules, 2016 as amended from time to time filed on..... 15/09/23.....(date).

The west Bengal pollution control board hereby grants 'Authorization' in favour of..... M/S Amushka Diagnostic Prop. Amushka Life Care Pvt. Ltd. .... 115/102, Station Road, Balpur., Pin- 731204 .....(name & address of applicant) under the provision of the Bio-Medical Waste (Management handling) Rules, 2016 as amended from time to time for a period of five years commencing upto from..... 14/07/28.....(date) subject to the conditions laid down in the enclosed sheet. The above period of three years includes an initial trial period of one year from the date of issue which is a provisional authorization to enable the occupier/operator to demonstrate the capacity of the facility

Failure to comply with the provisions of the Bio-Medical Waste (Management & Handling) Rules, 2016 including the conditions mentioned herein, or any other directives issued, time to time, by the Board attracts prosecution under the provisions of Environment (Protection) Act, 1986.

The West Bengal Pollution Control Board reserves its right to resolve, withdraw, make any reasonable variation of the conditions or change or alter this authorization by giving one month's notice to the applicant.



*[Handwritten Signature]*

(Authorized Signatory of the Engineer  
Environmental  
R.O., W.B.P.C.B.

Copy to :

- 01. (Applicant) .....
- 02. The CMOH, Dist. ....
- 03. The Commissioner/Chairman.....  
Municipal Corporation/Municipality.
- 04. Environmental Engineer, .....Regional Office, WBPCB.
- 05. In-charge HSM cell W.B.P.C.B.



Authorized Signatory



## ADDITIONAL CONDITIONS FOR GRANTING OF BIO-MEDICAL AUTHORISATION

1. The applicant must handle & manage (generation, collection, reception, storage, transportation, treatment, disposal) all bio-medical wastes as proscribed in the Bio-Medical Waste (Management & Handling) Rules, 2016 and take all steps to ensure that such waste is handled without any adverse effect to human health & the environment.
2. The applicant should submit an Annual Report in Form II to the Board by 31st January every year as required under the provisions (Rule 10) of the Bio-Medical Waste (Management & Handling) Rules, 2016.
3. Every occupier, where required, shall step up in accordance with the time schedule requisite bio-medical waste treatment facilities as per schedule I & Schedule VI as the case may be for the treatment of waste or ensure requisite treatment of waste at a common waste treatment facility or any other waste treatment facility and abide by the standards as specified in schedule V of the Rules.
4. Bio-Medical waste so-generated should be segregated into containers/bags at the point of generation in accordance with Schedule II of the Rules prior to Storage, Transportation, Treatment & Disposal. The containers should be labeled according to Schedule III of the Rules.  
 No untreated bio-medical wastes should be kept stored beyond the period of 48 hours. Bio-medical waste of any sort should not be accumulated/dropped at any place other than those earmarked for the same.
5. Maintenance of Records :
  - i) Every authorised person shall maintain records related to the generation, collection, reception, storage, transportation, treatment, disposal and/or any form of handling of bio-medical waste in accordance with these rules and any guidelines issued in future. Logbooks to be maintained on movement of bio-medical waste.
  - ii) Bio-Medical Wastes should be accounted by actual weighing. This should be done daily for each category of bio-medical waste generated by the unit.
  - iii) All records shall be subject to inspection and verification by the prescribed authority at any time.
6. In case of any accident at any institution or facility or any other site where bio-medical waste is handled or during transportation of such waste, the authorised person shall report the accident in Form III to the West Bengal Pollution Control Board forthwith.
7. No health care establishment should operate without obtaining prior "Consent to Operate" as required under the provision of Water (Prevention & Control of Pollution) Act, 1974 and Air (Prevention & Control of Pollution) Act, 1981 from West Bengal Pollution control Board.
8. Authorisation under Bio-Medical Waste (Management & Handling) Rules, 1998 as amended from time to time should be renewed immediately on expiry. Application for renewal should be filed at least 30 days before the date of expiry.

Copy to :

01. (Applicant) .....
02. The CMOH, Dist. ....
03. The Commissioner/Chairman.....  
Municipal Corporation/Municipality.
04. Environmental Engineer, ..... Regional Office, WBPCB.  
In-chARGE HSM cell WBPCB

  
 (Authorised Signatory of the Engineer  
 Environmental  
 R.O., W.B.P.C.B.)





NEW

## REGISTRATION FORM

BOLPUR MUNICIPALITY

WARD NO: 13

**medicare**  
Managing Bio-Medical Wastes

Medicare Environmental Management Pvt. Ltd.

(Formerly SembRamky Environmental Management Pvt. Ltd.)

C I Number: U24117AP1997PTC026555

41, 'F' Road, Belgachia, Howrah, - 711105

Ph.: 2651 3890, Fax: 2651 6207, E-mail: bmwcare@ramky.com

Website: www.medicareenviro.com

e-mail: tskhmc2019@gmail.com

## CUSTOMER PARTICULAR

Name of Health Care Establishment <b>ANUSHKA DIAGNOSTICS</b>			
Billing Address <b>115/102, STATION ROAD, P.O. &amp; P.S. - BOLPUR, DIST, BIRBHUM, PIN-731204.</b>		Service Address (if different) <b>- DO -</b>	
Contact Person & Designation <b>DIRECTOR - MR. BISWAJIT KARMAKAR</b>		Contact Person & Designation	
Telephone No. <b>9907470415</b>	Fax No.	Telephone No.	Fax No.

## WASTE INFORMATION

## Type of Health Care Establishment

 Government Hospital / Nursing Home Private Hospital / Nursing Home Speciality Speciality Maternity Maternity Other, Please Specify \_\_\_\_\_ Other, Please Specify \_\_\_\_\_ Diagnostic Center / Pathology Lab Clinics / OPD / Day Care Center Blood Bank Dental Clinics Pharmaceuticals Other, Please specify in details \_\_\_\_\_

## Type of Waste

 Incinerable Waste , Quantity of Waste \_\_\_\_\_ Kg/day  Liquid Form (Pharma) , Quantity of Waste \_\_\_\_\_ litre Autoclaveable Waste , Quantity of Waste \_\_\_\_\_ Kg/day  Solid Form (Pharma) , Quantity of Waste \_\_\_\_\_ Kg Sharp Item , Quantity of Waste \_\_\_\_\_ Kg/day  Others , Quantity of Waste \_\_\_\_\_ ( )

## Health Care Establishment Strength

No. of Bed (For Hospital/Nursing Home) <b>-</b>	No. of Patients Per Day <b>6-7</b>	No. of Attending Doctors <b>1</b>	No. of Chairs (For Dental Clinics) <b>-</b>
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## SERVICE FREQUENCY


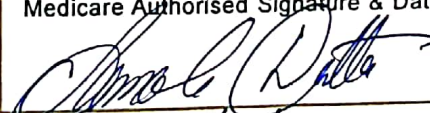
## Type of Service Frequency. Please tick one only.

 Daily Once a week Twice a week Thrice a week Fortnightly Monthly On-Call Basis Other, pls. specify \_\_\_\_\_

## COMMERCIAL

Registration Fee <b>-</b>	Security Deposit <b>RS. 1500 X 6 months = Rs. 9000/-</b>	Monthly Charges <b>Rs. 1500 + 12% GST</b>	Mode of Payment <b>NEFT / GPAY</b>	Payment Term <b>MONTHLY</b>
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Medicare Environmental Management Pvt. Ltd. agree to provide & customer agree to accept the Services described herein at the fees and frequency of service indicated above subject to the terms and conditions stipulated in the Agreement. Customer acknowledge having read, understood, accepted and agreed to enter this Registration.

Customer Representative Name <b>BISWAJIT KARMAKAR</b>	Customer Company Seal	Customer Authorised Signature & Date
Medicare Representative Name <b>ARNOB DUTTA</b>		 <b>08/04/2023</b>

Master Copy / Customer Copy





पश्चिमवङ्ग पश्चिम बंगाल WEST BENGAL

53AB 228702

Medicare Environmental Management Pvt. Ltd formerly known as SembRamky Environmental Management Pvt. Ltd, having its registered office at 6-3-1089/10&11, Gulmohar Avenue, Rajbhavan Road, Somajiguda, Hyderabad 500082, and having Regional office at 41 F Road, Belgachia, Howrah-711 105, hereafter refer to as **MEDICARE**, and **Anushka Diagnostic**, with its address at 115/102, Station Road, Bolpur, Dist- Birbhum, Pin- 731204, hereinafter refer as **Customer**, enter into deed of agreement with effect from **1<sup>st</sup> Day of October 2023** as per followings:

- MEDICARE** agrees to provide the services of collection, treatment, and disposal of bio-medical wastes generated by **Customer** at its premises subject to the terms and conditions specified hereinafter.
- The Customer**, undertakes to properly segregate its bio-medical waste and to pack its bio-medical waste in prescribed color-coded HDPE bags and put sharp items in Puncture Proof Container (PPC). For any amputated parts, the **Customer** will give **MEDICARE** a letter, to be signed by its duly authorized representative, giving the patient's name, age & reason for amputation as required under the Pollution Control Board's regulations (PCB).
- Customer** will establish a proper and convenient single collection point at its premises to facilitate the collection of its bio-medical waste by **Medicare**.
- In consideration of the services to be provided by **Medicare** to **Customer** under this agreement, **Customer** agrees to pay **Medicare** at the rate of **Rs.2993 (Rupees Two Thousand Nine Hundred And Ninety Three only)** from **01.10.2023 to 30.09.2024**, with a security deposit of Rs. 8979 (Interest - free, nonadjustable but refundable on termination of contract, if any), besides regular payment from first month against bill raised. Medicare would only refund security deposit to the Customer after deducting outstanding payments due from them, if any.

*(Handwritten signature)*



- e. Any further rate correction in **BMW service** rates mentioned above, as recommended by WBPCB or Dept. of Health, Govt. of W.B or by any Statutory Body during the agreement period to be applicable with immediate effect and the **Customer** agrees to pay as per the revised rate.
- f. In continuation to the above, Customer agrees to pay **Medicare Rs. 4500/-** per trip for Tata Ace vehicle and **Rs. 6000/-** per trip for Tata 407 vehicle, extra over and above the above agreed service rate **towards** extended support for lifting of additional wastes apart from the scheduled pickup, till the end of COVID-19 pandemic period or till discontinuation of usage of PPE / masks / coveralls by customer, whichever is later.
- g. Any taxes, surcharges announced by State or Central Govt. / departments regarding provision of Bio-Medical Waste management will be applicable thereafter as extra.
- h. The **Customer** represents that it has been granted Licence under the West Bengal Clinical Establishments Acts to keep or carry on the Clinical Establishment under the heading "Pathological Laboratory, Poly Clinic only". Any change in category of the heading must be brought to the notice of **Medicare** by the **Customer** for correct billing.
- i. This service agreement is valid till **30.09.2024** herein refer to as the Term.
- j. The **Customer** undertakes that payment will be made through Account Payee Cheque or Demand Draft in favor of **M/s. Medicare Environmental Management Pvt Ltd** on or before 15<sup>th</sup> of every month. The **Customer** will be given a grace period of ten days to settle the payment, failing which **Medicare** will charge late payment charges at Rs 50 (Fifty Rupees) per day for every day of delay until the date of full payment. In addition to the late payment charges, **Medicare** will cease the collection of biomedical waste of the **Customer** and will notify the PCB accordingly in the event that payment is not received by 25<sup>th</sup> day of the month.
- k. Rs. 200.00 shall be charged by **Medicare** for each instance of dishonor of a cheque by the banker of the **Customer**.
- l. **Medicare** will collect the bio-medical waste from **Customer's** premises at such times and for such frequency as mutually agreed by both parties. **Medicare** will not collect any bio-medical waste that is not properly segregated and packed in accordance with Bio-Medical Waste (Management & Handling) Rule. Customer also agrees to comply with CPCB revisions and guidelines.
- m. **Medicare** will, before the commencement of this agreement, conduct training for the staffs of the Customer on the proper segregation and packing of bio-medical waste in color-coded HDPE bags, as well as general occupational health and safety aspect of the management and handling of bio-medical waste. After the commencement of this agreement, it is the responsibility of the **Customer** to ensure compliance by all its staffs of the proper biomedical waste management and handling procedures as prescribed by the PCB
- n. The **Customer** will issue official purchase order to **Medicare** for the supply of HDPE bags and any other items relating to the management and handling of biomedical waste.
- o. **Medicare** will maintain its bio-medical waste treatment facility in good condition (fair wear and tear excepted) and ensure continuity of services to the **Customer** during the Term.
- p. In the event **Medicare** is unable to fulfill its obligation under this agreement due to circumstances beyond its control, including but not limited to natural calamity, Nationwide and State level strike, **Medicare** will not be held responsible for such failure to perform under the Term.
- q. This Agreement shall be subject to the laws in force in India from time to time.
- r. The parties agree to settle any dispute arising out of this Agreement amicably.

FOR M/s. MEDICARE

Authorised Signatory

FOR M/s. Anushka Diagnostic

Biswajit Karmakar

Proprietor

