

BEFORE THE HON'BLE NATIONAL GREEN TRIBUNAL

Principal Bench, New Delhi

Miscellaneous Application. No. 98/2022

In

Original Application No. 180/2021

In the matter of:-

Mukul Kumar

Applicant

Versus

State of Uttar Pradesh

Respondent

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(V.P. Yadav)

Scientist-'F'

Central Pollution Control Board,
Parivesh Bhawan,
East Arjun Nagar, Delhi- 110032.

Date: 15.05.2024

Place: Delhi

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Consolidated Report on Compliance to orders passed in the matter of M.A. No. 98/2022 in Original Application No. 180/2021 filed by Mukul Kumar before Hon'ble National Green Tribunal**1.0 Introduction**

This M.A. has been registered before Hon'ble National Green Tribunal on the basis of the report submitted in pursuance to the order dated 07.01.2022 passed in O.A. 180 of 2021. Said O.A. was related to the violation of Biomedical waste Management Rules, 2016 and CPCB guidelines which was raised by the Respondent No. 07 in operating Common Biomedical Waste Treatment Facility and Tribunal further disposed of the O.A. on 07.01.2022 with certain general directions.

In the M.A. No. 98/2022, Hon'ble NGT while taking note on circumstances of the case directed Chief Secretaries of all the States/UTs; Secretary, MoEF&CC and Secretary, DoPT, GoI to consider the issue and file action taken reports. The matter was heard on 23.01.2023 whereby Hon'ble NGT passed following directions:

“Let the Secretary, DoPT, GoI and Chief Secretaries of all States/UTs consider the issue and file thrie repsetcive action taken reports with the Tribunal within months by email at judicialngt@gov.in preferably in the form of searchable PDF/OCR Support PDF and not in the form of Image PDF. CMC may continue its monitoring and file its further report of compliance status as on 31.03.2023 by April 15, 2023 by email at judicial-ngt@gov.in preferably in the form of searchable PDF/OCR Support PDF and not in the form of Image PDF.”

Further, above matter was again heard by Hon'ble Tribunal on 12.03.2024 whereby following directions were passed:

"...In terms of the direction dated 12.01.2024, CPCB has compiled the reports received from States/UTs and has filed the report dated 11.03.2024. On the perusal of the report, we prima facie find the following:-

- i. Arunachal Pradesh, Gujarat, Meghalaya and Manipur States have not filed their status report.*
- ii. There is no fixed training schedule for district level stake holders to facilitate them for gap analysis and for providing and operating waste treatment facilities.*
- iii. There is a gap in grating authorization. Out of 3,93,242 HCFs, 156540 HCFs have been granted authorizations and 2,36,702 HCFs are unauthorized.*
- iv. It is reported that out of 700 TPD of BMW generation, 640 tonnes is treated daily in 17,415 captive facilities and 48 Common Bio-Medical Waste Treatment Facilities (CBMWTFs). However, 23,035 violations have been reported and only 8,702 show cause notices have been issued. Such a gap in action taken needs clarification. Further, CPCB should recheck the tabular statement given on page (20) with respect to action taken in limited cases as against the large number of violations reported.*
- v. Large number of HCFs remains unauthorized particularly in the State of Bihar (2811), Karnataka (3733), Kerala (2148), Madhya Pradesh (1630), Punjab (1003), Uttarakhand (1058) and 4729 in Uttar Pradesh.*
- vi. It has also been observed that there are 218 existing CBMWTFs having total treatment capacity of 1590 TPD against BMW Treatment of 640 TPD. It also appears that existing facilities are underutilized indicating gap which is evident in case of Assam (3.0 TPD), Bihar (14.3 TPD), J&K (0.7 TPD), Jharkhand (0.3 TPD), Karnataka (8.4 TPD) and Kerala (32.9 TPD) and MP (0.1 TPD).*
- vii. During deliberation, issue of setting up of CBMWTFs in States and Districts was discussed and it was considered necessary for CPCB to revise the guidelines on setting up CBMTF not based on distance but by considering actual gap analysis at District and town level. This has been observed in O.A. 126/2023, Deep Kumar Tyagi Vs. Union of India & Ors. dated 17.05.2023.*
- viii. Further, with regard to training to health care facility officials to meet environmental norms, most of the States are found to be non-compliant. No schedule of training and the training material has been disclosed.*
 - a. In the information provided under the State wise details of health care facilities authorized under BMW Rules 2016 at*

para 3.2.1, there is a discrepancy in the data which needs to be rectified.

- b. In Para 3.2.3 deep burial pits and captive treatment facilities are being practiced by certain States which has not been addressed. It is not clear if these States have shortage of treatment facility.*
 - c. Further, the table given in the same para shows that some of the States especially in the north east, do not have the bio- medical waste treatment facility. In the table 1.2.3, number of violations have been listed but the action taken on these violations are far less especially in the States of Assam, Bihar, Goa, J & K, Jharkhand, Karnataka, Ladakh, Uttarkhand, Uttar Pradesh.*
- ix. One of the important aspects in the recommendation include gap analysis to be conducted as per CPCB guidelines and to ensure availability of adequate number of Common Biomedical Waste Treatment Facility (CBWTF) to cover all Districts.*
 - x. In the earlier order dated 17.05.2023 in O.A. 126/2023 in Deep Kumar Tyagi Vs. Union of India & Ors. this Tribunal has examined certain aspects of CPCB guidelines with regard to CBWTF. The provision of 75 Km radius for establishing the facility was questioned as the BMW Rules, 2016 do not provide for the same. Certain States like Odisha and Punjab have also raised certain issued with regard to the said guidelines.*
 - xi. There is a need to increase the number of CBWTF to address the bio- medical waste generated from hospitals, dispensaries, veterinary and animal husbandry facilities. In this connection, it is strongly felt that CPCB may consider to re-examine the guidelines in view of the growing demand and reconsider the criteria such as 75 KM radius, number of beds requirement, location of facilities in a District etc. The establishment of such CBWTF facilities should be based on demands and need so that the health care facilities meet the norms.*

7. Learned Counsel for CPCB has submitted that keeping in view the above, he will be filing a fresh report.

8. Let reminder notice be issued to the Chief Secretaries of Arunachal Pradesh, Gujarat, Manipur and Meghalaya for filing their report within six weeks.

9. Let the report in terms of the above observations be filed by CPCB at least one week before the next date of hearing... ”

Copy of order dated 12.03.2024 is attached herewith as **Annexure-I**.

2.0 Action taken by CPCB as per order dated 12.03.2024 in the matter of M.A. 98 of 2022

2.1 CPCB has prepared a format for receiving the information on biomedical waste management from all the States / Union Territories. Said format contains information biomedical waste generation, treatment, number of healthcare facilities (authorised & unauthorized), no. of CBWTFs, no. of captive treatment facilities, action taken by the SPCB/PCC against defaulting facilities etc. A copy of the said format is given at **Annexure II**.

2.2 CPCB further vide letter dated 10.04.2024 forwarded the order dated 12.03.2024 alongwith the copy fo afore-said format to all SPCBs/PCCs and requested to ensure compliance to orders passed by Hon'ble NGT and submit the report within a week to CPCB.

2.3 CPCB vide letter dated 01.05.2024 again requested to States/UTs to ensure compliance to orders passed by Hon'ble NGT and submit the report to CPCB for further compilation. Copy of letter is attached as **Annexure III**.

3.0 Status on submission of compliance report by States/UTs as per the directions of Hon'ble NGT

Observations of Hon'ble NGT order dated 12.03.2024 was circulated to SPCBs/PCCs vide letter dated 10.04.2024 and 01.05.2024 and requested to submit the status on gaps observed by Hon'ble NGT on implementation of Biomedical Waste Management Rules, 2016 (BMWM Rules, 2016). In response, SPCBs/PCCs submitted the information to CPCB. The status of submission of information by States/UTs is as follows:

Table 1: Status of submission of reports by SPCBs/PCCs

S.No.	States/UT	Status of Submission of Reports
1	Andaman Nicobar	Submitted
2	Andhra Pradesh	Not yet submitted
3	Arunachal Pradesh	Submitted
4	Assam	Submitted
5	Bihar	Submitted

6	Chandigarh	Submitted
7	Chhattisgarh	Submitted
8	Daman & Diu and Dadra & Nagar Haveli	Submitted
9	Delhi	Submitted
10	Goa	Submitted
11	Gujarat	Submitted
12	Haryana	Submitted
13	Himachal Pradesh	Submitted
14	Jharkhand	Not yet submitted
15	J & K	Submitted
16	Karnataka	Not yet submitted
17	Kerala	Submitted
18	Ladakh	Submitted
19	Lakshadweep	Submitted
20	Madhya Pradesh	Not yet submitted
21	Maharashtra	Not yet submitted
22	Manipur	Not yet submitted
23	Meghalaya	Submitted
24	Mizoram	Submitted
25	Nagaland	Submitted
26	Odisha	Submitted
27	Puducherry	Submitted
28	Punjab	Submitted
29	Rajasthan	Submitted
30	Sikkim	Submitted
31	Tamil Nadu	Not yet submitted

32	Telengana	Submitted
33	Tripura	Submitted
34	Uttarakhand	Submitted
35	Uttar Pradesh	Not yet submitted
36	West Bengal	Submitted

Out of 36 States/UTs, 28 States/UTs have submitted the report to CPCB on compliance to the directions of Hon'ble NGT. However, 8 States/UTs namely Andhra Pradesh, Jharkhand, Karnataka, Madhya Pradesh, Maharashtra, Manipur, Tamil Nadu & Uttar Pradesh have not yet submitted the report to CPCB as given above in **Table 1**.

4.0 Status of Compliance to action points of Hon'ble NGT direction

In its order dated 12.03.2024, Hon'ble NGT directed CPCB to file report. In this regard, information was sought from States/UTs with respect to biomedical waste management. Status of compliance to Hon'ble NGT is summarized as per the updated information provided by SPCBs/PCCs as well as Annual Report information related to biomedical waste management for year 2022 and the same is given below:

4.1 Authorization of Healthcare Facilities under BMWM Rules, 2016

As per BMWM Rules, 2016, every occupier handling bio-medical waste shall obtain authorization from the prescribed authority i.e. SPCB/PCC. The validity of such authorisation for bedded health care facility shall be synchronized with the validity of the consents.

State-wise details of Healthcare Facilities as on 31.03.2024 along with their authorization status is given below:

Table 2 : Status on Authorisation of Healthcare Facilities

S.No.	Name of State/UT	Total no. HCFs	Authorization Status		Action taken by SPCB/PCC against unauthorized HCFs
			Authorised HCFs	Unauthorized HCFs	
1	Andaman & Nicobar	272	149	123	PCC issued directions to all HCFs operational without authorization.
2*	Andhra Pradesh	13381	12600	781	Information Not yet Provided
3	Arunachal Pradesh	510	424	86	SPCB issued show cause notices to health care facilities to apply authorization under BMW Rules, 2016.

4	Assam	1537	541	996	<p>HCFs operating without authorisation are mostly Govt. Health centres. SPCB has conducted workshops for the govt. HCFs and waived off fees for non-bedded Govt. HCFs to ease the process of authorization.</p> <p>Many HCFs have now applied for authorisation and the application are under process.</p>
5	Bihar	26472	24762	1710	SPCB issued notices to 820 HCFs which are operational without authorization.
6	Chandigarh	950	950	0	No action required.
7	Chhattisgarh	7039	6924	115	Nil

8	DD & DNH	208	142	66	Action has been taken against 16 unauthorised HCFs and currently under process of initiating action against remaining unauthorised HCF.
9	Delhi	10591	10591	0	No action required.
10	Goa	1543	1363	180	Show Cause Notice (SCN) issued to 16 unauthorised HCF and in process of issuing SCN to remaining HCF.
11	Gujarat	37160	32787	4373	Show Cause Notices issued to unauthorised HCFs
12	Haryana	7452	6937	515	Show cause notices issued to unauthorised HCFs

13	Himachal Pradesh	9686	9465	221	Show cause notices issued to unauthorized HCFs. Further, Environmental Compensation of Rs. 15,000/- has been imposed on one HCF for non compliance.
14	Jammu & Kashmir	7692	825	4373	Show Cause Notices issued to unauthorised HCFs.
15*	Jharkhand	2311	2171	140	Information Not yet provided
16*	Karnataka	48431	44698	3733	Information Not yet provided
17	Kerala	17975	16550	1425	Notices & directions were issued to all HCFs to ensure authorization under BMWM Rules, 2016.
18	Ladakh	400	1	399	Notices were issued to all HCFs to ensure authorization under BMWM Rules, 2016.

19	Lakshadweep	48	48	0	No action required.
20*	Madhya Pradesh	10371	8741	1630	Information Not yet provided
21*	Maharashtra	70083	69404	679	Information Not yet provided
22*	Manipur	754	754	0	Information Not yet provided
23	Meghalaya	1278	1080	198	Direction issued to the District Medical & Health Officer of each district to direct all HCFs to obtain authorization
24	Mizoram	670	500	170	Direction issued to the State Health Department to direct all HCFs to obtain authorization from SPCB.

25	Nagaland	708	636	72	Unauthorized HCFs are non-bedded HCFs operating in remote area. SPCB requested Health and Family Welfare department to direct all HCFs to obtain authorization from SPCB.
26	Odisha	5886	5561	325	Out of 325, application for authorization of 236 HCFs are under process. Remaining 89 HCFs had not applied for renewal of authorization. SPCB issued show cause notice to 49 HCFs
27	Puducherry	446	443	0	No action required
28	Punjab	15172	14377	795	Notices issued to unauthorised HCFs

29	Rajasthan	10545	9753	792	Show cause notices issued unauthorised HCFs
20	Sikkim	342	342	0	No action required
31*	Tamil Nadu	27603	27598	5	Information not yet provided
32	Telangana	10483	10372	111	Show cause notices issued to unauthorised HCFs
33	Tripura	1960	1960	0	No action required.
34*	Uttar Pradesh	36145	31416	4729	Information not yet provided
35	Uttarakhand	6697	5806	891	Notices issued to 606 HCFs.
36	West Bengal	10138	10138	0	No action required.
	Total	402939	370809	32130	

Note: * Information is as per Annual Report for the year 2022

As per the available information, there are 4,02,939 no. of HCFs , 3,70,809 no. of HCFs are authorized and 32,130 no. of HCFs are unauthorized or under the process of grant of authorisation. SPCBs/PCCs have reported (please refer Table 2) that application for authorization is under process and actions have been taken such as issuance of Show Cause Notices and asked State Health Department/Health and Family Welfare

department to direct all unauthorised HCFs to obtain authorisation from SPCB.

All HCFs are authorized in States/UTs namely Chandigarh, Delhi, Lakshadweep, Puducherry, Sikkim, Tripura and West Bengal.

States/UTs namely Andaman & Nicobar, Arunachal Pradesh, Assam, DD & DNH, Bihar Goa, Gujarat, Himachal Pradesh, Haryana, Jammu and Kashmir, Kerala, Ladakh, Meghalaya, Mizoram, Nagaland, Odisha, Rajasthan, Telangana, Punjab and Uttarakhand initiated action against unauthorised HCFs.

4.2 Action taken by SPCB/PCC against CBWTFs and HCFs in case of violation of BMWM Rules, 2016

SPCB/PCCs are the prescribed authority for the implementation of BMWM Rules, 2016 by CBWTFs and HCFs. Further, as per BMWM Rules, 2016, SPCB/PCC has mandate to take action against HCFs or CBWTF for violation of BMWM Rules, 2016.

As per information submitted by SPCBs and PCCs, SPCBs/PCCs conducted monitoring of CBWTFs and HCFs for verification of compliance to BMWM Rules, 2016. Based on non-compliances, SPCBs/PCCs issued directions / Notices against defaulting HCFs and CBWTFs. State-wise details of action taken during year 2023-24 is given below:

Table 3: Status of violation and action taken against CBWTFs and HCFs by SPCBs/PCCs

S.No.	Name of State	Total no. of violations to provisions of BMWM Rules by HCFs & CBWTFs	Total No. of show cause notices/Directions issued to defaulter HCFs/CBWTFs
1	Andaman Nicobar	5	5
2*	Andhra Pradesh	907	907

3	Arunachal Pradesh	86	86
4	Assam	1	1
5	Bihar	3795	3791
6	Chandigarh	0	0
7	Chhattisgarh	40	40
8	Daman & Diu and Dadra & Nagar Haveli	16	16
9	Delhi	2	Action to be taken is under process
10	Goa	529	529
11	Gujarat	661	661
12	Haryana	498	498
13	Himachal Pradesh	13	13
14*	Jharkhand	110	26
15	J & K	6868	584
16*	Karnataka	2075	667
17	Kerala	61	61
18	Ladakh	399	399
19	Lakshadweep	0	0
20*	Madhya Pradesh	872	782
21*	Maharashtra	643	607
22*	Manipur	1	0
23	Meghalaya	0	0

24	Mizoram	2	2
25	Nagaland	0	0
26	Orissa	7	7
27	Puducherry	6	6
28	Punjab	99	98
29	Rajasthan	145	145
20	Sikkim	3	3
31*	Tamil Nadu	3	3
32	Telangana	265	265
33	Tripura	0	0
34	Uttarakhand	4	4
35*	Uttar Pradesh	3402	611
36	West Bengal	201	201
	Total	21719	11018

Note: * Information is as per Annual Report for the year 2022

4.3 Status on generation and treatment of biomedical waste

As per BMW Rules, 2016, HCFs shall segregate biomedical waste as per colour coded system prescribed under the said Rules and handover the segregated waste to CBWTF operator for further treatment and disposal. The generated biomedical waste shall be treated and disposed as per the treatment options given under the said Rules.

State-wise details of biomedical waste generation, treatment and available treatment capacity and use of deep burial/captive treatment facilities is given below:

Table 4: Status of Biomedical Waste generation and its treatment through Common as well as Captive Treatment Facilities.

S.No	Name of State	BMW Generation (Tons/day)	BMW Treatment (Tons/day)	Total Capacity of CBWTF (Incinerator capacity and Autoclave capacity)	Number of authorized deep burial pits and captive treatment facilities	Reason of use of deep burial pits /captive treatment facility despite of adequate capacity of CBWTFs
1.	Andaman and Nicobar Islands	0.7	0.7	No CBWTF	57	Deep burial is used due to geographical constraints such as islands and remote areas
2.	Andhra Pradesh*	16.5	16.5	62.4	0	Not applicable
3.	Arunachal Pradesh	0.5	0.5	No CBWTF	424	Deep burial is used due to geographical constraints such as hilly and

						remote areas
4.	Assam	8.2	5.2	25.6	597	Deep burials used by HCFs not covered by CBWTF as all districts are not covered by CBWTFs
5.	Bihar	28.2	13.9	42.4	0	Not applicable
6.	Chandigarh	5.7	5.7	7.0	0	Not applicable
7.	Chhattisgarh	7.5	7.5	28.9	1717	Deep burials used by HCFs not covered by CBWTF as all districts are not covered by CBWTFs
8.	Dadar Nagar Haveli	0.3	0.3	Utilising CBWTF of Gujarat	0	Not applicable
9.	Delhi	29.2	29.2	62.8	0	Not applicable

10.	Goa	2.1	2.1	16.0	0	Not applicable
11.	Gujarat	47.8	47.8	81.5	0	Not applicable
12.	Haryana	20.6	20.6	67.3	0	Not applicable
13.	Himachal Pradesh	3.8	3.8	12.8	4619	Disposal through Captive treatment facility/Deep burial is allowed in remote/far flung areas of the state.
14.	Jammu and Kashmir	9.7	9.0	13.4	16	Disposal through Captive treatment facility/Deep burial is allowed in remote/far flung areas of the state.
15.	Jharkhand*	8.7	8.4	16.3	Information Not yet provided	Information Not yet provided
16.	Karnataka*	78.4	70.0	149.4	18	Information Not yet provided

17.	Kerala	62.1	62.1	85.0	44	SPCB is under process of stopping deep burial and captive treatment facilities. The process is being delayed due to HCFs approached court.
18.	Ladakh*	0.1	0.1	No CBWTF	400	Deep burial is used as there is no CBWTF for the disposal of biomedical waste
19.	Lakshadweep	0.1	0.1	No CBWTF	10 Biomedical waste autoclaves, 10 Shredder and 1 incinerator	Captive treatment facility/Deep burial is used as there is no CBWTF for disposal of

						biomedical waste
20.	Madhya Pradesh*	15.6	15.5	120.4	0	Not Applicable
21.	Maharashtra*	74.2	74.2	162.9	1121	Information not yet Provided
22.	Manipur*	1.4	1.4	0.6	Information Not yet provided	Information Not yet provided
23.	Meghalaya	2.8	2.8	2.0	574	Deep burials used by HCFs not covered by CBWTF as all districts are not covered by CBWTFs
24.	Mizoram	1.0	1.0	No CBWTF	112	Deep burial is used as there is no CBWTF for disposal of biomedical waste
25.	Nagaland	1.1	1.1	No CBWTF	540	Deep burial is used as there is no

						CBWTF for disposal of biomedical waste
26.	Odisha	16.7	16.7	26.9	2732	SPCB has increase coverage area of CBWTFs so as to reduce disposal of biomedical waste through deep burial pits.
27.	Puducherry	4.7	4.7	7.0	0	Not applicable
28.	Punjab	19.8	19.8	49.0	0	Not applicable
29.	Rajasthan	19.6	19.6	39.4	0	Not applicable
30.	Sikkim	0.6	0.6	No CBWTF	352	Deep burial is used as there is no CBWTF for disposal of biomedical waste

31	Tamil Nadu*	49.7	49.7	92.7	0	Not applicable
32	Telangana	25.3	25.3	88.6	0	Not applicable
33	Tripura	2.0	2.0	32.5	172	Deep burial is used due to geographical constraints such as hilly and remote areas
34	Uttarakhand	7.1	7.1	26.4	2640	Deep burial is used due to geographical constraints such as hilly and remote areas
35	Uttar Pradesh*	89.2	89.2	170.8	132	Information Not yet provided
36	West Bengal	38.9	38.9	100.1	0	Not applicable
	TOTAL	700	673	1590	16278	

Note: * Information is as per Annual Report for the year 2022

As per the Annual Report information related to biomedical waste management for the year 2022, total biomedical generation is **700 Tons/day**

out of which **673 Tons/day** is treated and disposed of through CBWTFs and captive treatment facilities.

CPCB sought clarification from SPCBs/PCCs where gaps in generation and treatment have been observed. In this regard, SPCB/PCC submitted that the gap in generation and treatment is due to the non-reporting of biomedical waste disposal through deep burials.

CPCB sought clarification regarding the use of deep burials and captive treatment facilities despite of sufficient available treatment capacity of CBWTFs. In this regard, as per the reply submitted by SPCBs/PCCs, deep burial or captive treatment facilities are used mostly in hilly and remote areas.

4.4 Status on State-wise details on coverage of CBWTFs in Districts

SPCBs/PCCs have submitted the status on coverage of facilities of CBWTFs to Healthcare Facilities located in the Districts of the respective State or UT. State-wise detail of districts covered by CBWTF is as follows:

Table 5: Status of CBWTFs and Districts covered

S.No.	State/UT	No. of CBWTF Present	No. of district covered by CBWTFs	No. of districts not yet covered by CBWTFs	Action taken/proposed if no CBWTF present in state/UT or districts not yet covered by CBWTFs
1	Andaman Nicobar	No CBWTF. No action initiated			
2	Andhra Pradesh*	12	Information not yet provided	Information not yet provided	Information not yet provided

3	Arunachal Pradesh	No CBWTF. No action initiated			
4	Assam	2	13	22	Establishment of 1 new CBWTF is under process
5	Bihar	4	38	0	All Districts covered by CBWTFs
6	Chandigarh	1	1	0	All Districts covered by CBWTFs
7	Chhattisgarh	5	20	7	Though 7 Districts are not yet covered by CBWTFs, SPCB has not mentioned any proposed action for covering the districts by CBWTF.
8	Daman & Diu and Dadra & Nagar Haveli	Biomedical waste is being disposed off through CBWTF of Gujarat			
9	Delhi	2	11	0	All Districts covered by CBWTFs

10	Goa	1	2	0	All Districts covered by CBWTFs
11	Gujarat	21	33	0	All Districts covered by CBWTFs
12	Haryana	11	22	0	All Districts covered by CBWTFs
13	Himachal Pradesh	4	11	1	SPCB directed CBWTF operators to enhance their coverage area of operation, so maximum waste is disposed through CBWTF.
14	Jharkhand*	20	Information not yet provided	Information not yet provided	Information not yet provided
15	J & K	3	20	Some of the far-flung areas in the districts are not covered, due to hilly terrain as they are not accessible	CTO issued to new CBWTF. Although matter is sub judice

				to CBWTFs.	
16	Karnataka *	25	Information not yet provided	Information not yet provided	Information not yet provided
17	Kerala	2	14	0	All Districts covered by CBWTFs
18	Ladakh	0	0	2	The department of Health initiated tender processes for establishment of CBWTF at different location. However, proposal did not materialise due to low biomedical waste generation and disproportionately high quoted rates.
19	Lakshadweep	0	0	1	The Department of Health Services is transporting

					disinfected Red, Blue & White category biomedical wastes from health care facilities of Lakshadweep to IMAGE, Kerala for scientific disposal.
20	Madhya Pradesh*	14	Information not yet provided	Information not yet provided	Information not yet provided
21	Maharashtra*	29	Information not yet provided	Information not yet provided	Information not yet provided
22	Manipur*	1	Information not yet provided	Information not yet provided	Information not yet provided
23	Meghalaya	1	1	11	Establishment of 4 new CBWTF is proposed to cater biomedical waste of around 7 districts
24	Mizoram	0	0	11	SPCB is in process of setting up of new CBWTF which will

					cover 5 districts.
25	Nagaland	No CBWTF. No action initiated			
26	Odisha	6	30	0	All districts are covered
27	Puducherry	1	2	0	All districts are covered
28	Punjab	6	23	0	All districts are covered
29	Rajasthan	12	50	0	All districts are covered
30	Sikkim	No CBWTF. Under process of setting up of new CBWTF			
31	Tamil Nadu*	10	Information not yet provided	Information not yet provided	Information not yet provided
32	Telangana	11	11	0	All districts are covered
33	Tripura	1	8	0	All districts are covered
34	Uttarakhand	3	10	3	CTE granted for establishment of CBWTF
35	Uttar Pradesh*	23	Information not yet provided	Information not yet provided	Information not yet provided

36	West Bengal	9	23	0	All districts are covered
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Note: * Information is as per Annual Report for the year 2022

Few Districts in the Hilly States namely Assam, Himachal Pradesh, Ladakh, Meghalaya, Mizoram and Uttarakhand are not covered by CBWTFs. These States are under the process of establishing new CBWTFs.

4.5 Frequency of training related to biomedical waste management

As per Rule 4(g) of BMWM Rules, HCFs are required to provide training to all its health care workers and others, involved in handling of bio medical waste at the time of induction and thereafter at least once every year and the details of training programmes conducted, number of personnel trained and number of personnel not undergone any training shall be provided in the Annual Report.

BMWM Rules, 2016 also stipulated that SPCBs/PCCs are also required to conduct the training programmes for staff of health care facilities and CBWTFs and State Pollution Control Boards or Pollution Control Committees Staff on segregation, collection, storage, transportation, treatment and disposal of bio-medical wastes. Information on the frequency of training programmes conducted by SPCBs/PCCs is given below:

Table 6: State-wise status of frequency of training provided by SPCBs/PCCs

S.No.	States/UT	Frequency of training programs
1	Andaman & Nicobar	Training is being conducted. Frequency of training program not mentioned.
2	Assam	Training is being conducted. Frequency of training program not mentioned.
3	Andhra Pradesh	No information is available
4	Arunachal Pradesh	Two or Three times in a year

5	Bihar	As per requirement
6	Chandigarh	Monthly
7	Chhattisgarh	Quarterly
8	DD & DNH	Frequency of training program not mentioned
9	Delhi	Quarterly
10	Goa	Training is being conducted. Frequency of training program not mentioned. 15 Training program conducted in last 2 years
11	Gujarat	Monthly
12	Haryana	Training is being conducted. Frequency of training program not mentioned.
13	Himachal Pradesh	Training is being conducted. Frequency of training program not mentioned. During 2023-2024, 119 training were conducted by state board.
14	Jammu & Kashmir	Training is being conducted. Frequency of training program not mentioned.
15	Jharkhand	No information is available
16	Karnataka	No information is available
17	Ladakh	No information is available

18	Kerala	Training is being conducted. Frequency of training program not mentioned. During 2023-2024, 5 training were conducted by SPCB.
19	Lakshadweep	Training is being conducted. Frequency of training program not mentioned.
20	Madhya Pradesh	No information is available
21	Maharashtra	No information is available
22	Manipur	No information is available
23	Meghalaya	No training organised by SPCB. HCF organize there own training program on biomedical waste management for their workers
24	Mizoram	Half-yearly
25	Nagaland	Training is being conducted. Frequency of training program not mentioned.
26	Odisha	Training is being conducted. Frequency of training program not mentioned.
27	Puducherry	Half-yearly.
28	Punjab	Annually or as per requirement
29	Rajasthan	Training is being conducted. Frequency of training program not mentioned.

30	Sikkim	Training is being conducted. Frequency of training program not mentioned.
31	Tamil Nadu	No information is available
32	Telangana	As per requirement. During year 2023-24, 550 No. of trainings/workshops for district level stakeholders and healthcare workers.
33	Tripura	Annually
34	Uttarakhand	Training is being conducted. Frequency of training program not mentioned.
35	Uttar Pradesh	No information is available
36	West Bengal	Training is being conducted. Frequency of training program not mentioned.

States/UTs namely Arunachal Pradesh, Chandigarh, Chhattisgarh, Delhi, Gujarat, Mizoram, Puducherry, Punjab, Tripura has fixed frequency of monthly / quarterly / annually training program.

However, States/UTs namely Andaman and Nicobar, Assam, Bihar, DD&DNH, Goa, Haryana, Himachal Pradesh, Kerala, Meghalaya, Nagaland, Odisha, Rajasthan, Sikkim, Telangana, Uttarakhand and West Bengal have not fixed the frequency of training.

5. Guidelines by CPCB with respect to radius for establishment of CBWTF

Hon'ble NGT mentioned that CPCB may consider to re-examine the guidelines in view of the growing demand and reconsider the criteria such as 75 KM radius, number of beds requirement, and location of facilities in a

District etc for establishment of CBWTFs. As per the CPCB guidelines for CBWTFs, gap analysis is required to be conducted by the concerned State Pollution Control Board/Pollution Control Committee to examine the requirement of setting up of additional CBWTF in a region or locality. This gap analysis will be based on extrapolation of data related to biomedical waste generation upto next ten years. In this regard, CPCB has also prepared methodology for conducting gap analysis with respect to generation and treatment of biomedical waste for uniformity in collection and interpretation of gap analysis data and circulated to all SPCBs/PCCs vide letter dated 10.10.2023 to conduct gap analysis using the aforesaid methodology and submit it to CPCB.

It is also humbly submitted that CPCB has constituted an Expert Committee for biomedical waste management. The committee comprises of representative of Ministry of Health and Family Welfare, National Environment Engineering Research Institute, Nagpur, Indian Medical Association, Safdarjung Hospital and VMMC, CBWTF Association of India and SPCBs. First meeting of said Expert Committee was conducted on 30.04.2024 in which the matter related to the review of CPCB guidelines related to biomedical waste management was also discussed. During the meeting, it was decided by the Committee members that in order to review guidelines for CBWTFs with respect to coverage of CBWTF, gap analysis by States/UTs may be assessed.

During the meeting, the following is concluded:

1. State Boards may be directed to complete the gap analysis on priority. Workshop may be organised by CPCB for SPCBs and PCCs to enhance understanding of gap analysis with respect to the generation and treatment of biomedical waste.
2. Indian Medical Associations and CBWTF Association of India may submit inventory of existing healthcare facilities and CBWTFs within 15 days to CPCB.

Minutes of the meeting held on 30.04.2024 is annexed herewith as **Annexure-IV**.

6. Status on current gap analysis conducted by SPCBs/PCCs:

In this regard, as per available information w.r.t. gap analysis with respect to generation and treatment of biomedical waste has been conducted for 15 nos. of States/UTs namely Andaman and Nicobar, Bihar, Chandigarh, Delhi, Goa, Haryana, Himachal, Lakshadweep, Madhya Pradesh, Puducherry, Punjab, Sikkim, Telangana, Tripura and West Bengal.

According to gap analysis, 8 States/UTs namely Chandigarh, Goa, Haryana, Himachal Pradesh, Madhya Pradesh, Punjab, Telangana and Tripura submitted that no CBWTF is required as the available treatment capacity of CBWTF is adequate to treat biomedical waste generation for next years.

Remaining SPCBs/PCCs namely Andhra Pradesh, Arunachal Pradesh, Assam, Gujarat, Jharkhand, J&K, Karnataka, Ladakh, Manipur, Meghalaya, Nagaland, Tamil Nadu, Uttarakhand and Uttar Pradesh are required to conduct the gap analysis to check adequacy of operational CBWTFs and facilitate for setting up of additional treatment capacity if required.

7. Recommendations

Based on the above data compilation and assessment, the following are recommended:

- SPCBs/PCCs to expedite and ensure that all the HCFs operating in the respective State/UT are brought under the ambit of authorisation under the BMWM Rules, 2016 immediately;
- SPCBs and PCCs which have not conducted gap analysis shall conduct gap analysis as per CPCB guidelines on priority basis for assessing the requirement of new CBWTF. SPCBs/PCCs shall also ensure availability of adequate number of CBWTFs in the State/UT.
- Use of deep burial pits should be permitted only in rural or remote areas where there is no access of CBWTF in accordance with Schedule-I as prescribed under BMWM Rules, 2016. Further, the deep burial facility should be as per the standards prescribed under BMWM Rules, 2016.

- In States/UTs such as Bihar, Jharkhand, Jammu & Kashmir, Karnataka, Madhya Pradesh, Maharashtra, Manipur, Punjab and Uttar Pradesh where there is gap between violations and action taken against defaulters, SPCBs/PCCs shall ensure prompt action including imposition of EC.
- As required under BMWM Rules, 2016, HCFs shall ensure that training is conducted at least once in a year for the healthcare workers. Further, SPCBs/PCCs are also required to ensure that training related to implementation of BMWM Rules, 2016 as well as CPCB guidelines is imparted once in a year to HCFs, CBWTFs and SPCBs/PCCs officials upto District level.

--OO--

Item No. 09

Court No. 1

**BEFORE THE NATIONAL GREEN TRIBUNAL
PRINCIPAL BENCH, NEW DELHI**

M.A. No. 98/2022

In

Original Application No. 180/2021

Mukul Kumar

Applicant

Versus

State of Uttar Pradesh

Respondent

Date of hearing: 12.03.2024

**CORAM: HON'BLE MR. JUSTICE PRAKASH SHRIVASTAVA, CHAIRPERSON
HON'BLE MR. JUSTICE SUDHIR AGARWAL, JUDICIAL MEMBER
HON'BLE DR. A. SENTHIL VEL, EXPERT MEMBER**

Respondent: Mr. Raj Kumar, Adv. for CPCB
Mr. Rahul Khurana, Adv. for the State of Haryana & HSPCB
Mr. Pradeep Misra & Mr. Daleep Dhyani, Advs. for UPPCB (Through VC)
Mr. Apoorv Kurup & Mr. Gurjas Narula, Advs. for UT of Lakshadweep
(Through VC)

ORDER

1. This M.A. has been registered on the basis of the report submitted in pursuance to the order dated 07.01.2022 passed in O.A. No. 180/2021.
2. In the OA, the issue relating to violation of Biomedical Waste Management Rules, 2016 (BMW Rules, 2016) and CPCB Guidelines by the respondent no. 7 in operating the Common Biomedical Waste Treatment Facility (CGWTF) was raised and the Tribunal had disposed of the O.A. on 07.01.2022 with certain general directions.
3. In this M.A., the Tribunal had taken note of the circumstances of the case and by order dated 23.01.2023 had directed Chief Secretaries of all the States/UTs, Secretary, MoEF&CC and Secretary, DoPT, GoI to consider the issue and file their action taken reports.

4. The direction of the Tribunal in this regard on 23.01.2023 was as under:-

“18. Let the Secretary, DoPT, GoI and Chief Secretaries of all States/UTs consider the issue and file their respective action taken reports with the Tribunal within two months by e-mail at judicialngt@gov.in preferably in the form of searchable PDF/ OCR Support PDF and not in the form of Image PDF. CMC may continue its monitoring and file its further report of compliance status as on 31.03.2023 by April 15, 2023 by e-mail at judicial-ngt@gov.in preferably in the form of searchable PDF/ OCR Support PDF and not in the form of Image PDF.”

5. The reports from the States/UTs have been received except from Arunachal Pradesh, Gujarat, Manipur and Meghalaya. We have been informed that Chief Secretaries of these States were also served in terms of the direction of the Tribunal dated 23.01.2023.

6. In terms of the direction dated 12.01.2024, CPCB has compiled the reports received from States/UTs and has filed the report dated 11.03.2024. On the perusal of the report, we prima facie find the following:-

- i. Arunachal Pradesh, Gujarat, Meghalaya and Manipur States have not filed their status report.
- ii. There is no fixed training schedule for district level stake holders to facilitate them for gap analysis and for providing and operating waste treatment facilities.
- iii. There is a gap in grating authorization. Out of 3,93,242 HCFs, 156540 HCFs have been granted authorizations and 2,36,702 HCFs are unauthorized.
- iv. It is reported that out of 700 TPD of BMW generation, 640 tonnes is treated daily in 17,415 captive facilities and 48 Common Bio-Medical Waste Treatment Facilities (CBMWTFs). However, 23,035 violations have been reported and only 8,702 show cause notices have been issued. Such a gap in action taken needs clarification. Further,

CPCB should recheck the tabular statement given on page (20) with respect to action taken in limited cases as against the large number of violations reported.

- v. Large number of HCFs remains unauthorized particularly in the State of Bihar (2811), Karnataka (3733), Kerala (2148), Madhya Pradesh (1630), Punjab (1003), Uttarakhand (1058) and 4729 in Uttar Pradesh.
- vi. It has also been observed that there are 218 existing CBMWTFs having total treatment capacity of 1590 TPD against BMW Treatment of 640 TPD. It also appears that existing facilities are underutilized indicating gap which is evident in case of Assam (3.0 TPD), Bihar (14.3 TPD), J&K (0.7 TPD), Jharkhand (0.3 TPD), Karnataka (8.4 TPD) and Kerala (32.9 TPD) and MP (0.1 TPD).
- vii. During deliberation, issue of setting up of CBMWTFs in States and Districts was discussed and it was considered necessary for CPCB to revise the guidelines on setting up CBMTF not based on distance but by considering actual gap analysis at District and town level. This has been observed in O.A. 126/2023, Deep Kumar Tyagi Vs. Union of India & Ors. dated 17.05.2023.
- viii. Further, with regard to training to health care facility officials to meet environmental norms, most of the States are found to be non-compliant. No schedule of training and the training material has been disclosed.
 - a. In the information provided under the State wise details of health care facilities authorized under BMW Rules 2016 at para 3.2.1, there is a discrepancy in the data which needs to be rectified.
 - b. In Para 3.2.3 deep burial pits and captive treatment facilities are being practiced by certain States which has not been

addressed. It is not clear if these States have shortage of treatment facility.

- c. Further, the table given in the same para shows that some of the States especially in the north east, do not have the bio-medical waste treatment facility. In the table 1.2.3, number of violations have been listed but the action taken on these violations are far less especially in the States of Assam, Bihar, Goa, J & K, Jharkhand, Karnataka, Ladakh, Uttarkhand, Uttar Pradesh. The information with regard to Kerala is not clear as number of show causes is 486 while violations reported are 25.
- ix. One of the important aspects in the recommendation include gap analysis to be conducted as per CPCB guidelines and to ensure availability of adequate number of Common Biomedical Waste Treatment Facility (CBWTF) to cover all Districts.
- x. In the earlier order dated 17.05.2023 in O.A. 126/2023 in Deep Kumar Tyagi Vs. Union of India & Ors. this Tribunal has examined certain aspects of CPCB guidelines with regard to CBWTF. The provision of 75 Km radius for establishing the facility was questioned as the BMW Rules, 2016 do not provide for the same. Certain States like Odisha and Punjab have also raised certain issued with regard to the said guidelines.
- xi. There is a need to increase the number of CBWTF to address the bio-medical waste generated from hospitals, dispensaries, veterinary and animal husbandry facilities. In this connection, it is strongly felt that CPCB may consider to re-examine the guidelines in view of the growing demand and reconsider the criteria such as 75 KM radius, number of beds requirement, location of facilities in a District etc.

The establishment of such CBWTF facilities should be based on demands and need so that the health care facilities meet the norms.

7. Learned Counsel for CPCB has submitted that keeping in view the above, he will be filing a fresh report.
8. Let reminder notice be issued to the Chief Secretaries of Arunachal Pradesh, Gujarat, Manipur and Meghalaya for filing their report within six weeks.
9. Let the report in terms of the above observations be filed by CPCB at least one week before the next date of hearing by e-mail at judicial-ngt@gov.in preferably in the form of searchable PDF/ OCR Support PDF and not in the form of Image PDF.
10. List on 16.05.2024.

Prakash Shrivastava, CP

Sudhir Agarwal, JM

Dr. A. Senthil Vel, EM

March 12, 2024
M.A. No. 98/2022 In
Original Application No. 180/2021
SN

Format for submission of information as per Hon'ble NGT matter MA 98 of 2022

1. Information regarding Healthcare facilities (as on 31.03.2024):
 - (i) Total Number of HCF present in state/UT
 - (ii) Number of authorized HCF (Out of total no. of HCFs)
 - (iii) Action taken on unauthorized HCF present in state/UT
2. Frequency of conducting training/workshops for district level stakeholders and healthcare workers:
3. Status of conduct of gap analysis w.r.t. Biomedical Waste Management generation and treatment:
4. Status of CBWTFs (as on 31.03.2024):
 - (i) No. of CBWTF Present
 - (ii) No. of district covered by CBWTFs
 - (iii) No. of districts not yet covered by CBWTFs
 - (iv) Action taken/proposed if no CBWTF present in state/UT or districts not yet covered by CBWTFs
 - (v) Number of authorized deep burial pits and captive treatment facilities
 - (vi) Reason of use of deep burial pits and captive treatment facility despite of adequate capacity of CBWTFs (if applicable)
5. Violation of BMWM Rules, 2016 and Action Taken during year 2023-24:
 - (i) No. of CBWTFs wherein violation of BMWM Rules observed
 - (ii) No. of CBWTFs to which show cause notices/directions has been issued
 - (iii) No. of HCFs wherein violation of BMWM Rules observed
 - (iv) No. of HCFs to which show cause notices/directions has been issued



By Speed Post

F. No. B-31011/BMW (2096/42.77)/2023/WMD-I

May 01, 2024

To,

The Member Secretary,
(As per list)

Sub: Compliance to the Order dated 12.03.2024 passed by Hon'ble NGT in the matter of M.A. No. 98/2022 (PB) in O.A. No. 180 of 2021 titled Mukul Kumar Vs State of Uttar Pradesh & Ors – reg.

Ref: Letter no. F. No. B-31011/BMW (2096/42.77)/2023/WMD-I dated 10.04.2024

Sir,

This has reference to above referred letter dated 10.04.2024 regarding compliance to order dated 12.03.2024 passed by Hon'ble NGT in the matter of M.A. No. 98/2022 (PB) in O.A. No. 180 of 2021 titled Mukul Kumar Vs State of Uttar Pradesh & Ors. and submission of information. In the said letter a format was enclosed for submission of information. However, the information is not yet received from your State/UT.

In view of above, it is requested to kindly ensure compliance to the order passed by Hon'ble Tribunal and submit the information by 06.05.2024. As the submission is already delayed, it may be treated as urgent and consider it on priority basis.

Yours faithfully



(V. P. Yadav)

Director & Head
Waste Management -I Division

Central Pollution Control Board
Waste Management- I Division

Minutes of Expert Committee meeting held on 30.04.2024 at 12:15 P.M. in hybrid mode to review the CPCB guidelines related to biomedical waste management and evaluation of project proposal for treatment of biomedical waste.

Background

CPCB has constituted an Expert Committee to review the guidelines related to biomedical waste management and to examine the proposals received by CPCB for treatment of biomedical waste. The first meeting of Expert Committee was conducted on 30.04.2024 at 12:15 PM in hybrid mode. List of Participants is given at Annexure I.

Discussion and Conclusions

Sh. V.P. Yadav, Director, CPCB welcomed the participants and briefed about the agenda of first meeting which is as below

- Coverage area of CBWTFs as per guidelines for Common Bio-medical Waste Treatment and Disposal Facilities;
- Specific colour for vehicles used for transportation of biomedical waste;
- Inclusion of safety needles in white category of biomedical waste under Bio Medical Waste Management Rules, 2016 as per project proposal received from Hindustan Syringes Ltd.; and
- Evaluation of proposal received by CPCB for treatment of biomedical waste based on chemical treatment followed by shredding.

Further, Ms. Youthika, Sc. 'E', WM-I gave detailed presentation on agenda items for review by the Expert Committee. Agenda wise discussion of committee has been summarized as blow

- **Coverage area of CBWTFs as per guidelines for Common Bio-medical Waste Treatment and Disposal Facilities** - It was apprised to the Committee members that Hon'ble NGT has passed directions regarding reassess the criteria for setting up of CBWTFs in a coverage area as defined under CBWTF guidelines of CPCB to ensure proper treatment & disposal of biomedical waste. Coverage area is already specified under the CPCB guidelines which is 75 km at radial distance and CBWTF may be allowed to cater services upto 150 km radial distance incase 10,000 beds are not available in a coverage area. It was emphasised that compliance to standards as prescribed under BMWM Rules, 2016 is prime requirement for implementation of BMWM Rules, 2016. Committee members were also informed about the methodology for conducting gap analysis by SPCBs to examine the requirement of additional CBWTFs. After detailed discussion, following action points were decided:
 - IMA and CBWTF Association of India shall submit updated inventory on healthcare facilities within 15 days;
 - CPCB will direct SPCBs/PCCs to complete the gap analysis. CPCB may organise an interaction meet / workshop on gap analysis.
- **Colour coding for Vehicles used for collection & transportation of biomedical waste** - CPCB apprised the Committee members about representation received from few State Boards proposing to allot dedicated colour to the vehicles used for collection and transportation of biomedical waste for separate identification. In this regard, Committee decided that CBWTF Association of India shall submit draft details on colour code for biomedical waste vehicle to be included in the CPCB guidelines.
- **Inclusion of safety needles in white category of biomedical waste under Bio Medical Waste Management Rules, 2016 as per project proposal received from Hindustan**

Syringes Ltd - CPCB has received a proposal regarding inclusion of safety needles in the CPCB guidelines under the category of biomedical waste. The proposal is suggested that review of guidelines for Management of Healthcare Waste in Health Care Facilities needs further detailed deliberation and it may be discussed during next meeting. However, detailed representation in this regard may be circulated to expert members for further examination.

- **Evaluation of proposal received by CPCB for treatment of biomedical waste based on chemical treatment followed by shredding** - Committee members were apprised about the project proposal for treatment of biomedical waste using chemical disinfection followed by shredding. The project proponent has proposed adoption of said technology for all categories of biomedical waste. It was apprised that the treatment of biomedical waste using chemical disinfection is allowed only for specific category. Hence, it was recommended to circulate the project proposal to the Committee members for further examination.

Chairman of the Committee has approved for conducting 2nd meeting of the Committee in the month of June.

Meeting ended with thanks to chair.

Annexure I

1. Dr. T. K Joshi (BMW Expert)
2. Dr. Amar Supate, Ex Principle Scientific Officer, MPCB
3. Dr. Aarti tewari, MD (Microbiology), Joint Director NCDC
4. Dr. Avinash Sunthlia MD (Community Medicine), SMO, DteGHS
5. Dr. Malini R Capoor, Consultant & Prof. (Microbiology) and Incharge Biomedical Waste Management, Safdarjung Hospital and VMMC
6. Dr. M.P. Patil, Chief Scientist, NEERI, Nagpur
7. Dr. Mangesh Pate, IMA
8. Sh. Vinod Kacchadia, President, CBWTF Association of India
9. Sh. Vikas Gahlot, CBWTF Association of India
10. Ms. Suman Jhajharia, Superintending Scientific Officer, Rajasthan SPCB
11. Sh. Yoganand MN, Karnataka SPCB
12. Sh. Praveen Saluja, Punjab SPCB
13. Sh. V. P. Yadav, DH, WM-I, CPCB
14. Ms. Youthika, Sc.'E', WM-I, CPCB
15. Ms. Niralee Verma, Sc.'C', WM-I, CPCB

(C)