



**FORTIS MEMORIAL RESEARCH INSTITUTE**  
Sector 44 (Opp. HUDA City Centre Metro  
Station), Gurgaon 122 002, Haryana (India)

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To

Regional Officer,  
Haryana State Pollution Control Board,  
Vikas Sadan, 1<sup>st</sup> Floor,  
Gurgaon (North)

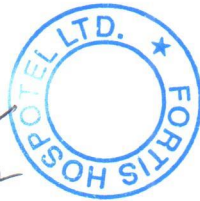
June 14, 2018

**Subject: Submission of Form IV for Biomedical Waste Annual Report for the period 01.01.2017 up to 31.12.2017**

Dear Sir

Kindly acknowledge the receipt of the duly filled Form IV for Biomedical Waste Annual Report for the period 01.01.2017 up to 31.12.2017.

Yours faithfully



**Authorized Signatory**

Enclosed:

- Duly filled Form IV for Biomedical Waste Annual Report for the period 01.01.2017 up to 31.12.2017
- Duly filled Form I for Accident Reporting for the period 01.01.2017 up to 31.12.2017

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**Fortis Hospitel Limited**

CIN: U74899HR1990PLC054770

Registered Office: Fortis Memorial Research Institute, Sector-44, Near Metro Station,  
Gurgaon - 122002 Haryana (India)

Tel: +91-124-438 6666, Fax: +91-124-496 2222

**FORM IV****ANNUAL REPORT**

[To be submitted to the prescribed authority on or before 30th June every year for the period from January to December of the preceding year, by the occupier of health care facility (HCF) or common bio-medical waste treatment facility (CBWTF)]

S.No.	Particulars	
1.	Particulars of the Occupier	:
	(i) Name of the authorised person (occupier or operator of facility)	: Mr.Faizal Imtiaz
	(ii) Name of HCF or CBMWTF	: FORTIS HOSPOTEL LIMITED
	(iii) Address for Correspondence	: The Executive Centre, Level 18, DLF Cyber City, Building No.5, Tower A, Phase III, Gurugram - 122002
	(iv) Address of Facility	: Fortis Memorial Research Institute Sector – 44, Opposite HUDA City Centre Metro Station, Gurugram - 122002
	(v) Tel. No, Fax. No	: +91-9910677580; 0124-4962222
	(vi) E-mail ID	: amardeep.kaushal@fortishealthcare.com
	(vii) URL of Website	: www.fmri.in
	(viii) GPS coordinates of HCF or CBMWTF	: 28.4572° N, 77.0728° E (HCF)
	(ix) Ownership of HCF or CBMWTF	: Private (Public)
	(x) Status of Authorisation under the Bio-Medical Waste (Management and Handling) Rules	: Authorisation No.: <u>HSPCB/BMW/EE/2016/658</u> valid up to <u>31.03.2019</u>
	(xi) Status of Consents under Water Act and Air Act	: Valid up to: <u>30.09.2018</u>
2.	Type of Health Care Facility	: HCF
	(i) Bedded Hospital	: 300

*Vivek*



S.No.	Particulars	
	(ii) Non-bedded hospital (Clinic or Blood Bank or Clinical Laboratory or Research Institute or Veterinary Hospital or any other)	: NA
	(iii) License number and its date of expiry	: License Number: 658 License Date of Expiry: 31.03.2019
3.	Details of CBMWTF	: Vulcan Waste Management Pvt. Ltd.
	(i) Number healthcare facilities covered by CBMWTF	: CBMWTF will provide the details
	(ii) No. of beds covered by CBMWTF	: CBMWTF will provide the details
	(iii) Installed treatment and disposal capacity of CBMWTF:	: _____ Kg per day CBMWTF will provide the details
	(iv) Quantity of biomedical waste treated or disposed by CBMWTF	: _____ Kg/day CBMWTF will provide the details
4.	Quantity of waste generated or disposed in Kg per annum (on monthly average basis)	: Yellow Category: 61,181.44 Kgs + 1,602.62 Kgs (Cytotoxic) = 62,784.06 Kgs per annum Red Category: 1,04, 288.67 Kgs per annum White: 3,725.69 Kgs per annum Blue Category : 23,869.17 Kgs per annum General Solid waste: 5,200
5.	Details of the Storage, treatment, transportation, processing and Disposal Facility	
	(i) Details of the on-site storage facility	Size: 500 sq.ft.
		Capacity: 20,000 kg per month
		Provision of on-site storage : NA



*Vivek*

S.No.	Particulars				
	(ii) Disposal facilities	Type of treatment equipment	No. of units	Capacity Kg/day	Quantity treated or disposed in kg per annum
		Incinerators			
		Plasma Pyrolysis			
		Autoclaves			
		Microwave			
		Hydroclave			
		Shredder			
		Needle tip cutter or destroyer			
		Sharps encapsulation or concrete pit			
		Deep burial pits:			
		Chemical disinfection:			
		Any other treatment equipment:			
	(iii) Quantity of recyclable wastes sold to authorize recyclers after treatment in kg per annum.	Red Category (like plastic, glass etc.) CBMWTF will provide the details			
	(iv) No of vehicles used for collection and transportation of biomedical waste	CBMWTF will provide the details			
	(v) Details of incineration ash and ETP sludge generated and disposed during the treatment of wastes in Kg per annum		Quantity generated	Where disposed	
		Incineration Ash			
		ETP Sludge			
		CBMWTF will provide the details			
	(vi) Name of the Common Bio-Medical Waste Treatment Facility Operator through which wastes are disposed of	Vulcan Waste Management Pvt. Ltd.			
	(vii) List of member HCF not handed over bio-medical waste	CBMWTF will provide the details			



*Vijay Kumar*

S.No.	Particulars	
6.	Do you have bio-medical waste management committee? If yes, attach minutes of the meetings held during the reporting period	Yes Minutes of the Meeting attached
7.	Details trainings conducted on BMW	
	(i) Number of trainings conducted on BMW Management.	72
	(ii) number of personnel trained	1448
	(iii) number of personnel trained at the time of induction	579
	(iv) number of personnel not undergone any training so far	0 (Nil)
	(v) whether standard manual for training is available?	Yes
	(vi) any other information)	NA
8.	Details of the accident occurred during the year	0
	(i) Number of Accidents occurred	0
	(ii) Number of the persons affected	0
	(iii) Remedial Action taken (Please attach details if any)	NA
	(iv) Any Fatality occurred, details	NA
9.	Are you meeting the standards of air Pollution from the incinerator? How many times in last year could not met the standards?	NA (CBMWTF Responsibility)
	Details of Continuous online emission monitoring systems installed	NA (CBMWTF Responsibility)


S.No.	Particulars	
10.	Liquid waste generated and treatment methods in place. How many times you have not met the standards in a year?	Yes  Always compliant with the standards
11.	Is the disinfection method or sterilization meeting the log 4 standards? How many times you have not met the standards in a year?	Yes  Always compliant with the standards
12.	Any other relevant information	NA (CBMWTF Responsibility)

Certified that the above report is for the period from 01.01.2017 up to 31.12.2017



Date: 14.06.2018

Name and Signature of the Head of the Institution

Place: Gurugram, Haryana

**DETAILS OF BIO-MEDICAL WASTE GENERATED DURING JANUARY 01, 2017 UPTO DECEMBER 31, 2017**

CLIENT ID: G 421

CLIENT NAME: FORTIS HOSPOTEL LIMITED

ADDRESS: FORTIS MEMORIAL RESEARCH INSTITUTE

SECTOR - 44, OPPOSITE HUDA CITY CENTRE METRO STATION, GURGAON, HARYANA - 122002

Month	Incinerable (Kgs)		Autoclavable (Kgs)			Total (Kgs)
	Yellow	Cytotoxic	Red	Glass	Sharp	
Jan-17	5,035.00	113.00	8,487.00	1,656.00	259.00	15,550.00
Feb-17	5,040.00	101.00	8,120.00	2,110.00	323.00	15,694.00
Mar-17	5,064.00	152.00	8,625.00	2,093.00	321.00	16,255.00
Apr-17	4,930.00	194.00	8,045.00	1,939.00	325.00	15,433.00
May-17	5,436.00	179.00	9,326.00	2,141.00	326.00	17,408.00
Jun-17	5,001.80	144.00	8,074.22	1,968.41	299.03	15,487.46
Jul-17	5,568.29	103.02	8,875.53	2,266.98	285.39	17,099.21
Aug-17	5,304.22	104.94	8,956.51	1,998.76	303.46	16,667.89
Sep-17	5,145.65	139.06	9,085.56	2,221.33	305.49	16,897.09
Oct-17	5,088.91	111.45	8,954.20	2,168.86	326.02	16,649.44
Nov-17	5,292.51	116.31	9,754.94	1,893.53	378.01	17,435.30
Dec-17	4,275.06	144.84	7,984.71	1,412.30	274.29	14,091.20
Total	61,181.44	1,602.62	104,288.67	23,869.17	3,725.69	194,667.59
		62,784.06			131,883.53	



*Virender Singh*

## MINUTES OF MEETING 6.3.17

NAME OF UNIT: FORTIS MEMORIAL RESEARCH INSTITUTE

NAME OF COMMITTEE: INFECTION PREVENTION AND CONTROL COMMITTEE

1	Date and time of meeting : <b>6.3.17</b>
2	Total no. of Essential Members in the committee: <b>20</b>
3	Number of members attended (attach attendance sheet): <b>20</b>
4	Chairman, convener & Mandatory Members present (Yes/No): <b>Yes</b>
5	Details of essential members who neither attended nor sent a representative: <b>No</b>
6	Agenda circulated prior to meeting (Yes/No): <b>Yes</b>
7	Discussion on Action Taken Report on action items / recommendations from previous meeting (Yes/No) : <b>Yes</b>
8	Details of action items open from previous meeting : <b>Yes</b>

Action Item	Responsibility	Expected Closure Date	Status
<b>Hand hygiene drive:</b> Hand hygiene awareness drive to be carried out especially in ER, Nightingale ward and 3 <sup>rd</sup> and 4 <sup>th</sup> floors.	Infection control team	30.5.17	In progress
<b>ATP meter:</b> Procurement of new ATP meter for environmental surveillance	Infection control officer/MD	Pending since last meeting.	In Progress
<b>Engineering:</b> <b>A: OT:</b> OT door to be maintained properly for smooth functioning. Engineering to share AMC reports with the Infection control team.	A&B: Mr. Rajendra Vats & team	25.3.17	Closed





<p><b>MRSA screening :</b></p> <p>To be done for all surgical patients.</p>	MD/MS	30.3.17	In Progress
<p><b>Isolation rooms:</b></p> <p>Engineering to share the detailed list of Positive and negative pressure isolation rooms in each departments so that more isolation rooms can be created.</p>	Mr Vats & Team	25.3.17	Closed
<p><b>Reporting of technicians :</b></p> <p>MD to take decide on the reporting of technicians across the hospital</p>	Dr Yash Pande	30.3.17	In Progress
<p><b>BMT unit and Liver transplant unit for AMS compliance:</b></p> <p>a) BMT unit antibiotic consumption to be monitored by Pharmacologist. Same to be discussed with the concerned team.</p> <p>b) Liver transplant team is redosing at 6 hours instead of 4 hours as per SOP recommendation. The same to be discussed with concerned team.</p>	<p>a) MD/MS</p> <p>b) ICO</p>	30.3.17	In Progress




<p><b>Nursing hostel water cultures :</b></p> <p>Dr Dash suggested that the surveillance of water from nursing hostel to be done every 6 monthly</p>	ICT		Closed
<p><b>Dr Dash as Chairperson:</b></p> <p>Dr Yash Pande suggested that as per Support Office SOP, a clinician be made the Chairperson, IPCC. Dr Dash was suggested as the Chairperson IPCC.</p>	Dr Yash Pande		Closed
<p>Apart from the above mentioned points, discussions of the MOS and CESC parameters with reference to Infection control were discussed. Also, Hand hygiene compliance data, Bio Medical waste surveillance data and vaccination data was discussed.</p>			

Signature of Convener: Dr Ruchika Bagga

*Vishal*



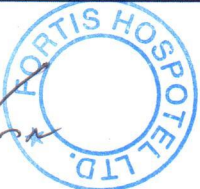
**Minutes of the Meeting**

NAME OF UNIT : FORTIS MEMORIAL RESEARCH INSTITUTE

NAME OF COMMITTEE: INFECTION PREVENTION AND CONTROL COMMITTEE

1. Date & Time:12/7/17
2. Total no. of Members in the committee: 20
3. Number of members attended (attach attendance sheet):28
4. Chairman, convener & Mandatory Members present (Yes/No): yes
5. Details of essential members who neither attended nor sent a representative: NA
6. Agenda circulated prior to meeting (Yes/No): YES
7. Discussion on Action Taken Report on action items / recommendations from previous meeting (Yes/No) : Yes
8. Details of action items open from previous meeting: ATP meter not procured yet
  
9. Details of action items open from previous two meetings: NA

Action Item	Responsibility	Expected Closure Date	Status
<p>The Chairman of the committee welcomed and greeted all the members and meeting started with discussion of last minutes.</p> <p>1 point was pending from last meeting on ATP procurement and was discussed further.</p>			
<p>Meeting was held as per the below agenda:</p> <ul style="list-style-type: none"> <li>➤ <b>MOS &amp; CESC data of last 4 months(Feb.17- June.17)</b></li> <li>➤ <b>Surveillance reports</b></li> </ul>			

<ul style="list-style-type: none"> <li>➤ Hand Hygiene Compliance</li> <li>➤ Trainings of healthcare workers</li> <li>➤ Vaccination record updates</li> <li>➤ BMW audit findings</li> <li>➤ Engineering parameters</li> </ul>			
<p><b>MOS &amp; CESC data of last 4 months(Feb.17- June.17)</b></p> <p>CESC and MOS Data was discussed and shared with all concerned stakeholders.</p> <p><b>SSI:</b> Hand Hygiene Compliance was a major concern among the surgical team and the committee members agreed to <b>empower</b> the Nurses and OT manager and Anaesthetists &amp; Surgeons to stop the surgical procedure if standard precautions were not followed by any member assisting or performing the procedure.</p>	<p>HOD Anaesthesia, &amp;OT manager/Nursing</p>	<p>Immediate</p>	
<p><b>AMS Prophylaxis</b> was also an additional concern for SSI, HOD Quality suggested if the Anaesthetists to take up the ownership of complying with AMS prophylaxis among all specialities.</p>	<p>HOD Anaesthesia</p>	<p>Immediate</p>	
<p><b>Surveillance reports</b></p> <p>Surveillance Reports were shared with the team members.</p>	<p>NA</p>		
<p><b>Hand Hygiene Compliance</b></p> <p>Quarterly hand hygiene data among all HCWs(Nurses, Doctors, GDA &amp; Technicians) department wise were shared with all team members</p> <p>HOD Quality requested members to comply to hand hygiene . Hand hygiene activities to be conducted every month.</p>	<p>ICN</p>	<p>Immediate &amp; ongoing</p>	

<p><b>Trainings of healthcare workers-</b> Report on training was shared by the ICN</p>	ICN	ONGOING	
<p><b>Vaccination record updates</b></p> <p>HR took a great initiative in doing the follow up of pending employees (Doctors, Technicians etc.) on monthly basis.</p> <p>Complete Vaccination data of all HCWs should be shared with ICN</p>	HR		
<p><b>AUDIT FINDINGS:</b></p> <p><b>Cross unit Infection control audit</b> findings were shared with the team members.</p> <p><b>Zonal Director</b> suggested that the Engineering team should frequently visit the OT complex and other areas to check all the environmental parameters to avoid such non-compliances.</p> <p><b>a) Prevention of Catheter Associated Urinary Tract Infection (CAUTI) in Fortis Hospitals</b></p> <p>An external audit was conducted by the support office team on CAUTI prevention bundles, and non-compliance was discussed.</p> <p>Quality Head suggested providing training to GDA on infection control techniques to be followed while emptying the urobag.</p>	Infection Control nurses	30/7/17	
<p><b>OT:</b></p> <p>HOD Gynecology proposed that Scrub Nurse was not following Non Touch Technique while handling dressing</p>	Infection control team & OT in charge	Immediate	

material.			
<p><b>ATP meter:</b></p> <p>Procurement of new ATP meter for environmental surveillance was discussed and Quality Head suggested the biomedical engineering team to provide updates on the same.</p>	HOD Biomedical Eng/ICN	30/7/17	
<p><b>Engineering parameters:</b></p> <p><b>A: OT:</b> Engineering team should frequently audit the OT for checking all environmental parameters such as Humidity, Pressure, and Temperature etc.</p> <p><b>B:</b> Dedicated lockers should be provided for doctors to keep their personal belongings</p> <p><b>C:</b> Scrub station Timers should be checked frequently for its working condition</p>	A & B & C: Mr. Rajendra Vats & team  OT manager	30/7/17	
<p><b>BMW Audit findings:</b></p> <p>a) Audit data's were discussed and there were concerns about waste segregation methods and working condition of BMW bins.</p> <p>b) Foot pedals found non- working &amp; missing from few biomedical bins inside OT.</p>	HOD Housekeeping	30/7/17	

Signature of Chairman :

Signature of Convener:




Minutes of the Meeting

NAME OF UNIT : FORTIS MEMORIAL RESEARCH INSTITUTE

NAME OF COMMITTEE: INFECTION PREVENTION AND CONTROL COMMITTEE


1. Date & Time:26/10/17
2. Total no. of Members in the committee: 20
3. Number of members attended (attach attendance sheet):19
4. Chairman, convener & Mandatory Members present (Yes/No): yes
5. Details of essential members who neither attended nor sent a representative: NA
6. Agenda circulated prior to meeting (Yes/No): YES
7. Discussion on Action Taken Report on action items / recommendations from previous meeting (Yes/No) : Yes
8. Details of action items open from previous meeting: ATP meter not procured yet
  
9. Details of action items open from previous two meetings: Yes

Action Item	Responsibility	Expected Closure Date	Status
The Convenor of the committee welcomed and greeted all the members and meeting started with discussion of last minutes.  1 point was pending from last two meeting on ATP procurement and was discussed further.			
Meeting was held as per the below agenda:  ➤ <b>MOS &amp; CESC data of last 3months(July.17- Sept.17)</b> ➤ <b>Surveillance reports</b>			


<ul style="list-style-type: none"> <li>➤ Hand Hygiene Compliance</li> <li>➤ Trainings of healthcare workers</li> <li>➤ Vaccination record updates</li> <li>➤ BMW audit findings</li> <li>➤ Engineering parameters</li> </ul>			
<p><b>MOS &amp; CESC data of last 3 months(July.17- Sep.17)</b></p> <p>CESC and MOS Data was discussed and shared with all concerned stakeholders.</p> <p><b>SSI:</b> Post-operative care pamphlets should be discussed with surgeons and to be prepared</p>	ICT	Immediate	
<p><b>Surveillance reports</b></p> <p>Surveillance Reports were shared with the team members.</p> <p>Neonatologist suggested that separate the surface swab and hand swab reports for better understanding.</p>	ICN		
<p><b>Hand Hygiene Compliance</b></p> <p>Hand hygiene data among all HCWs (Nurses, Doctors, GDA &amp; Technicians) department wise were shared with all team members.</p> <p>1)Hand Hygiene Compliance was a major concern among doctors and the committee members suggested to empower the Nurses to stop the doctors and offer hand rub if standard precautions were not followed during their rounds and procedure.</p> <p>2) Hand hygiene data should be shared with doctors department wise.</p> <p>3) MD suggested one on one discussion with doctors to improve hand hygiene compliance.</p>	Infection control team/ HOD Quality /CNO/MD	Immediate	

*Vivek*





<p>4) Committee members agreed to sensitise the patients about the importance of hand hygiene and prior information should be given to all healthcare workers.</p> <p>5) HOD Quality suggested to display Hand hygiene data in OT lounge.</p>			
<p><b>Trainings of healthcare workers-</b> Report on training was shared with team members</p> <p>Committee members suggested to train the doctors annually on infection control practices.</p>	<p>ICO/MD/HOD Quality</p>		
<p><b>Vaccination record updates</b></p> <p>Vaccination data was shared with team members</p>	<p>NA</p>		
<p><b>ATP meter:</b></p> <p>Procurement of new ATP meter for environmental surveillance was discussed and Quality Head suggested the biomedical engineering team to provide updates on the same.</p>	<p>HOD Biomedical Engg/ICO/MD</p>		
<p><b>Engineering parameters:</b></p> <p><b>A: OT:</b> Surgeons had complaints about environmental parameters such as humidity and temperature.</p> <p>Engineering team should frequently audit the OT for checking all environmental parameters such as Humidity, Pressure, and Temperature etc.</p>	<p>Mr. Rajendra Vats&amp; team/  OT manager</p>		

<p><b>BMW Audit findings:</b></p> <p>a) Audit data's were discussed and there were concerns about working condition of BMW bins</p> <p>b) Foot pedals found non- working in ICUs and foot pedal absent in few biomedical bins inside OT.</p>	<p>HOD Housekeeping</p>		
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Signature of Chairman:

Signature of Convener:

MSOG/COM.MOM/2014/1.0



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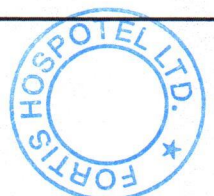
**Minutes of the Meeting**

NAME OF UNIT: FORTIS MEMORIAL RESEARCH INSTITUTE

NAME OF COMMITTEE: INFECTION PREVENTION AND CONTROL COMMITTEE

1. Date & Time:30/01/18
2. Total no. of Members in the committee: 20
3. Number of members attended (attach attendance sheet):19
4. Chairman, convener & Mandatory Members present (Yes/No): yes
5. Details of essential members who neither attended nor sent a representative: NA
6. Agenda circulated prior to meeting (Yes/No): YES
7. Discussion on Action Taken Report on action items / recommendations from previous meeting (Yes/No) : Yes
8. Details of action items open from previous meeting: ATP meter not procured yet
9. Details of action items open from previous two meetings: Yes

Action Item	Responsibility	Expected Closure Date	Status
<p>The Convenor of the committee welcomed and greeted all the members and meeting started with discussion of last minutes.</p> <p>2 point was pending from last meeting on ATP procurement and another one is on post discharge pamphlets was discussed further.</p>			
<p>Meeting was held as per the below agenda:</p> <ul style="list-style-type: none"> <li>➤ <b>MOS &amp; CESC data of last 3months(Oct.17- Dec.17)</b></li> <li>➤ <b>Surveillance reports</b></li> <li>➤ <b>Hand Hygiene Compliance</b></li> <li>➤ <b>Trainings of healthcare workers</b></li> </ul>			

<ul style="list-style-type: none"> <li>➤ Vaccination record updates</li> <li>➤ BMW audit findings</li> <li>➤ Engineering parameters</li> </ul>			
<p><b>MOS &amp; CESC data of last 3 months(Oct.17- Dec.17)</b></p> <p>CESC and MOS Data was discussed and shared with all concerned stakeholders.</p> <p><b>SSI:</b> Post-operative care pamphlets should be discussed with surgeons and to be prepared</p>	ICO/HOD quality	Immediate	
<p><b>Surveillance reports</b></p> <p>Surveillance Reports were shared with the team members.</p>	NA	NA	
<p><b>Hand Hygiene Compliance</b></p> <p>Hand hygiene data among all HCWs (Nurses, Doctors, GDA &amp; Technicians) department wise were shared with all team members.</p> <p>1)Hand Hygiene Compliance was a major concern among doctors and the committee members suggested to display hand hygiene posters in entrance of ward</p> <p>2) Hand hygiene data should be shared with doctors department wise.</p> <p>3) MD suggested one on one discussion with doctors to improve hand hygiene compliance.</p> <p>. 4) HOD Quality suggested to display Hand hygiene data in OT lounge.</p>	Infection control team/ HOD Quality /CNO/MD	Immediate	




<p><b>Trainings of healthcare workers-</b> Report on training was shared with team members</p>	NA	On -going	
<p><b>Vaccination record updates</b> Vaccination data was shared with team members</p>	NA		
<p><b>Engineering parameters:</b> Engineering parameters was shared with team members</p>	NA	Immediate	
<p><b>BMW Audit findings:</b> a) Audit data's were discussed and there were concerns about working condition of BMW bins b) Foot pedals found non- working in ICUs and foot pedal absent in few biomedical bins inside OT.</p>	HOD Housekeeping	On-going	

Signature of Chairman:

Signature of Convener:

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MSOG/COM.MOM/2014/1.0

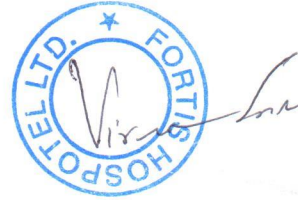


*Vivek*

**FORM I**

**ACCIDENT REPORTING**

1. Date and time of accident: **No Accident Reported**
2. Type of Accident: **No Accident Reported**
3. Sequence of events leading to accident: **NA**
4. Has the Authority been informed immediately: **NA**
5. The type of waste involved in accident: **NA**
6. Assessment of the effects of the accidents on human health and the environment: **NA**
7. Emergency measures taken: **NA**
8. Steps taken to alleviate the effects of accidents: **NA**
9. Steps taken to prevent the recurrence of such an accident: **NA**
10. Does you facility has an Emergency Control policy? If yes give details: **Yes in Safety Manual which covers all aspects of Emergency & Disaster Preparedness**



Date: June 14, 2018

Signature: Dr. Virender Kumar Sobti

Place: Gurugram, Haryana.

Designation: Director