Form - IV (See rule 13) ANNUALREPORT

[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)]

P	articulars				
P	articulars of the Occupier				
10	(i) Name of the authorised person (occupier or operator of facility)		Dr. Daganidhi kumar		
	ii) Name of HCF or CBMWTF	: 11	THOURA INT CLINIC (AUM) JEHO		
H	(iii) Address for Correspondence		35D FLOOR YBANE, MOODRAD' 2H		
1	(iv) Address of Facility		HEAR RUSH HATH MORE WATA. 8		
	(v)Tel. No, Fax. No	•			
	(vi) E-mail ID	:			
1	(vii) URL of Website				
+	(viii) GPS coordinates of HCF or CBMWTF				
	(ix) Ownership of HCF or CBMWTF		(State Government or Private or Semi Govt. or any other)		
	(x). Status of Authorisation under the Bio-Medical Waste (Management and Handling) Rules		Authorisation No.: BMN 2162 21 B 3 409 valid up to		
	(xi). Status of Consents under Water Act and Air Act	1:	Valid up to:		
	T ACC				
2.	Type of Health Care Facility	1:			
2.		:	No. of Beds:Ni		
2,	Type of Health Care Facility (i) Bedded Hospital (ii) Non-bedded hospital (Clinic or Blood Bank or Clinical Laboratory of Research Institute or Veterinary Hospital or an other)	or	No. of Beds: . Ni		
2,	Type of Health Care Facility (i) Bedded Hospital (ii) Non-bedded hospital (Clinic or Blood Bank or Clinical Laboratory of Research Institute or Veterinary Hospital or an other) (iii) License number and its date of expiry	or	No. of Beds:Ni		
2. 3.	Type of Health Care Facility (i) Bedded Hospital (ii) Non-bedded hospital (Clinic or Blood Bank or Clinical Laboratory of Research Institute or Veterinary Hospital or an other) (iii) License number and its date of expiry Details of CBMWTF	i:	No. of Beds:Ni		
	Type of Health Care Facility (i) Bedded Hospital (ii) Non-bedded hospital (Clinic or Blood Bank or Clinical Laboratory of Research Institute or Veterinary Hospital or an other) (ivi) License number and its date of expiry Details of CBMWTF (i) Number healthcare facilities covered by CBMWTF	i:			
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	(ii) Non-bedded hospital (Clinic or Blood Bank or Clinical Laboratory of Research Institute or Veterinary Hospital or an other) (iii) License number and its date of expiry Details of CBMWTF (i) Number healthcare facilities covered to CBMWTF (ii) No of beds covered by CBMWTF (iii) Installed treatment and disposal capacity	or or oy :	Kg per day		
	(ii) Non-bedded hospital (Clinic or Blood Bank or Clinical Laboratory of Research Institute or Veterinary Hospital or an other) (iii) License number and its date of expiry Details of CBMWTF (i) Number healthcare facilities covered to CBMWTF (ii) No of beds covered by CBMWTF (iii) Installed treatment and disposal capacity CBMWTF: (iv) Quantity of biomedical waste treated or disposal by CBMWTF	or by cof	Kg per dayKg/dayKg/day Yellow Category : 2.8 Kg.IM		
3.	(ii) Non-bedded hospital (Clinic or Blood Bank or Clinical Laboratory of Research Institute or Veterinary Hospital or an other) (iii) License number and its date of expiry Details of CBMWTF (i) Number healthcare facilities covered to CBMWTF (ii) No of beds covered by CBMWTF (iii) Installed treatment and disposal capacity CBMWTF: (iv) Quantity of biomedical waste treated or disposably CBMWTF Quantity of waste generated or disposed in Kg I annum (on monthly average basis)	or by cof	Kg per day Kg/day Yellow Category : 2.8 kg IM Red Category : 5.6 kg IM		
3.	Type of Health Care Facility (i) Bedded Hospital (ii) Non-bedded hospital (Clinic or Blood Bank or Clinical Laboratory of Research Institute or Veterinary Hospital or an other) (iii) License number and its date of expiry Details of CBMWTF (i) Number healthcare facilities covered to CBMWTF (ii) No of beds covered by CBMWTF (iii) Installed treatment and disposal capacity CBMWTF: (iv) Quantity of biomedical waste treated or disposal by CBMWTF Quantity of waste generated or disposed in Kg I annum (on monthly average basis) पेडार राज्य प्रदूषण नियंत्रण पूर्वद्	or by cof	Kg per day Kg/day Yellow Category 3.8 kg IM Red Category 5.6 kg IM White: 1.1 kg IM		
3.	(ii) Non-bedded hospital (Clinic or Blood Bank or Clinical Laboratory of Research Institute or Veterinary Hospital or an other) (iii) License number and its date of expiry Details of CBMWTF (i) Number healthcare facilities covered to CBMWTF (ii) No of beds covered by CBMWTF (iii) Installed treatment and disposal capacity CBMWTF: (iv) Quantity of biomedical waste treated or disposably CBMWTF Quantity of waste generated or disposed in Kg I annum (on monthly average basis)	or by cof	Kg per day Kg/day Yellow Category : 2.8 kg IM Red Category : 5.6 kg IM		

प्राप्त किया

(i) I	Details of the on-site storage :	Size : Capacity: Provision of on-site storage : (cold storage or any other provision)						
facili	ty							
disp	osal facilities	Type of treatment equipment	No of	Cap Quantity acit treatedo unit				
			У	[V-1				
			S	Kg/ day	disposed in kg per annum			
		Incinerators Plasma Pyrolysis Autoclaves Microwave Hydroclave Shredder Needle tip cutter o						
		destroyer Sharps encapsulation or concrete pit Deep burial pits:						
Tellera Tellera		Chemical disinfection: Any other treatme equipment:	ent	•				
so	ii) Quantity of recyclable wastes : old to authorized recyclers after eatment in kg per annum.	Red Category (like plastic, glass etc.)						
a	v) No of vehicles used for collection and transportation of biomedical vaste	Own Vehicles. CBMDIF						
d	v) Details of incineration ash and TP sludge generated and disposed luring the treatment of wastes in Kg per annum	Quantity Where generated disposed Inclneration Ash ETP Sludge						
	vi) Name of the Common Bio- Medical Waste Treatment Facility Operator through which wastes are disposed of	Missishy	CBW.	n wre				
. ,	(vii) List of member HCF not handed over bio-medical waste.							
	Do you have bio-medical waste management committee? If yes, attach minutes of the meetings held during the reporting period		_					

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