

**Form - IV (See  
rule 13)  
ANNUAL REPORT**

[To be submitted to the prescribed authority on or before 30<sup>th</sup> 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)]

Sl. No.	Particulars		
1.	Particulars of the Occupier	:	
	(i) Name of the authorised person (occupier or operator of facility)	:	Dr.V.R.Saranya MO
	(ii) Name of HCF or CBMWTF	:	Aravind Eye Hospital
	(iii) Address for Correspondence	:	31.A. New Agraharem, Palani Road, Dindigul 624001
	(iv) Address of Facility	:	do
	(v) Tel. No, Fax. No	:	0451-2434927
	(vi) E-mail ID	:	dgl.manager@aravind.org
	(vii) URL of Website	:	<a href="http://www.aravind.org">www.aravind.org</a>
	(viii) GPS coordinates of HCF or CBMW	:	10.36791, 77.97881
	(ix) Ownership of HCF or CBMWTF	:	Govel Trust ( Charitable trust ) 296/34 of 1977 on 6.5.1977
	(x). Status of Authorisation under the Bio-Medical Waste (Management and Handling) Rules	:	Authorisation No.: 20BAD33603329 dated 10.08.2020..valid up to 31.3.2022.....
	(xi). Status of Consents under Water Act and Air Act	:	Auth no 2008232740883 dt 25.06.2020 for Air Valid up to:31.3.2022 Auth no 2008132740883 dt 25.06.2022 upto 31.3.2022 for Water
2.	Type of Health Care Facility	:	Eye Hospital
	(i) Bedded Hospital	:	No. of Beds: 10
	(ii) Non-bedded hospital	:	
	(Clinic or Blood Bank or Clinical Laboratory or Research Institute or Veterinary Hospital or any other)	:	
	(iii) License number and its date of expiry	:	DDGLALL20190001321 valid upto 20.8.2024
3.	Details of CBMWTF	:	
	(i) Number healthcare facilities covered by CBMWTF	:	
	(ii) No of beds covered by CBMWTF	:	
	(iii) Installed treatment and disposal capacity of CBMWTF:	:	_____ Kg per day

	(iv) Quantity of biomedical waste treated or disposed by CBMWTF	:		NA, since our unit is trust ( Private) hospital
4.	Quantity of waste generated or disposed in Kg per annum (on monthly average basis)		300 kg 600 kg nil 40 kg	Yellow Category Red Category : White: Blue Category : General Solid waste:
5	Details of the Storage, treatment, transportation, processing and Disposal Facility			
	(i) Details of the facility on-site storage	:	Size : Capacity :	8 x3 x6 ft 50 KGs
	(ii) Details of the treatment or disposal facilities			Provision of on-site storage any other provision)
		:	Type of treatment equipment	No of unit s
			Not applicable	
			Incinerators NA Plasma Pyrolysis NA Autoclaves NA Microwave NA Hydroclave NA Shredder NA Needle tip cutter or destroyer Sent to base hos Sharps NA encapsulation or NA concrete pit NA Deep burial pits: NA Chemical disinfection: NA Any other treatment - NII Equipment: _NIL	
	(iii) Quantity of recyclable wastes sold to authorized recyclers after treatment in kg per annum.	:	Red Category (like plastic, glass etc.) NA	Red category ( like plastic, glass etc NA
	(iv) No of vehicles used for collection and transportation of biomedical waste	:	Common vehicle provide by CBMWTF	
	(v) Details of incineration ash and ETP sludge generated and disposed			Quantity NA generated

	during the treatment of wastes in Kg per annum	Incineration Ash ETP Sludge      NA
	(vi) Name of the Common Bio-Medical Waste Treatment Facility Operator through which wastes are disposed of	M/S Ramky Energy and Environment LTD plot no 7/D Venkateswar Street, Velmurugan Nagar, Bye pass Road, Madurai 625010
	(vii) List of member HCF not handed over bio-medical waste.	--
6	Do you have bio-medical waste management committee? If yes, attach minutes of the meetings held during the reporting period	NO
7	Details trainings conducted on BMW	
	(i) Number of trainings conducted on BMW Management.	2
	(ii) number of personnel trained	4
	(iii) number of personnel trained at the time of induction	4
	(iv) number of personnel not undergone any training so far	Nil
	(v) whether standard manual for training is available?	--
	(vi) any other information)	
8	Details of the accident occurred during the year	Nil
	(i) Number of Accidents occurred	Nil
	(ii) Number of the persons affected	Nil
	(iii) Remedial Action taken (Please attach details if any)	-----
	(iv) Any Fatality occurred, details.	-----
9.	Are you meeting the standards of air Pollution from the incinerator? How many times in last year could not met the standards?	NA
	Details of Continuous online emission monitoring systems installed	NA
10	Liquid waste generated and treatment methods in place. How many times you have not met the standards in a year?	Nil
11	Is the disinfection method or sterilization meeting the log 4	

	standards? How many times you have not met the standards in a year?		
12	Any other relevant information	:	(Air Pollution Control Devices attached with the Incinerator) NIL

Certified that the above report is for the period from 1.1.2021 to 31.12.2021

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Name and Signature of the Head of the Institution

*VR S*

Date: 12.2.2022

Place Dindigul

**Dr. V.R.SARANYA**  
 Reg.No: 108800

Date: .....

Time: .....

