

**Form - IV (See
rule 13)
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)]

Sl. No.	Particulars		
1.	Particulars of the Occupier	:	
	(i) Name of the authorised person (occupier or operator of facility)	:	Dr.Rahul Ramesh CMO
	(ii) Name of HCF or CBMWTF	:	Aravind Eye Hospital
	(iii) Address for Correspondence	:	Old Door no.21/1,Thadicombu 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	:	www.aravind.org
	(viii) GPS coordinates of HCF or CBMW	:	10.3687222, 77.9683056
	(ix) Ownership of HCF or CBMWTF	:	Govet 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.: 24BAZ60318796 dated 25.07.2024..valid up to 31.3.2026.....
	(xi). Status of Consents under Water Act and Air Act	:	Auth no 2408258864770 dt 13.5.2024 for Air Valid up to:31.3.2026 Auth no 2408158864770 dt 13.5.2024 upto 31.3.2026 for Water
2.	Type of Health Care Facility	:	Eye Hospital
	(i) Bedded Hospital	:	No. of Beds:36
	(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	:	DDGLALL20220033002 valid upto 16.11.2027
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)	131 kg 110 kg nil 10 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 :	8 x3 x6 ft
			Capacity :	50 KGs
			Provision of on-site storage any other provision)	
(ii) Details of the disposal facilities	treatment or	:	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 – NIL	
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 Re Sustainability Health Care Solutions Ltd., No.2B/1, Vaigai Main 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 1.1.2024 to 31.12.2024

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 Name and Signature of the Head of the Institution

Dr. RAHUL RAMESH
INCHARGE MEDICAL OFFICER
ARAVIND EYE HOSPITAL
DINDIGUL

Date: 7.2.2025

Place Dindigul