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)]

	treatment facility (CBW1F)]						
Sl. No.	Particulars						
1.	Particulars of the Occupier						
	(i) Name of the authorised person (occupier or operator of facility)	:	Dr.T.N.Deepa, Medical Officer Incharge				
	(ii) Name of HCF or CBMWTF	:	M/s Aravind Eye Hospital, Tirupur				
	(iii) Address for Correspondence	:	Opp. Vivekananda Matriculation Highe Secondary School, Dharapuram Main Road, K. Chettipalayam Post, Tirupur 641 608				
	(iv) Address of Facility		Opp. Vivekananda Matriculation Higher Secondary School, Dharapuram Main Road, K. Chettipalayam Post, Tirupur 641 608				
	(v)Tel. No, Fax. No	:	(0421) 350 6100, 87547 28996				
	(vi) E-mail ID	:	tup.info@aravind.org				
	(vii) URL of Website		www.aravind.org				
	(viii) GPS coordinates of HCF or CBMWTF						
	(ix) Ownership of HCF or CBMWTF	:	Private				
	(x). Status of Authorisation under the Bio-Medical Waste (Management and Handling) Rules	:	Authorisation No: 20BAD32674839 Valid up to : 31/03/2030				
	(xi). Status of Consents under Water Act and Air Act	:	Air Consent: Authorisation No: 2008230949242 Valid up to: 31/03/2030 Water Consent: Authorisation No: 2008130949242 Valid up to: 31/03/2030				
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		TRPRALL20250005142 12.12.2029				
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 treate by CBMWTF	u 01 ,	шоровец	:		g/day		
i	Quantity of waste generated or disposed in Kg per				Yellow Category:1099.88Kgs per			
	annum (on monthly average basis)				Red Categ	ory:844	.4 Kgs	per annum
					White: Blue Category :480.302 Kgs per			
					General Se			
Ī	Details of the Storage, treatment, transportation, processing and Disposal Facility							
	(i) Details of the on-site storage facility		Size : 13' x 4.5'					
			Capacity: 468 cft Provision of on-site storage: NIL					
			Piovisio	on or	on-site st	orage.	INIL	
	(ii) Details of the treatment or disposal facilities	:	Type	Type of treatment			Cap	Quantity
			equipment		No of	acit	treatedo	
					unit	у	r	
						s	Kg/	disposed
							day	in kg
								per
								annum
			Incinerators					
			Plasma Pyrolysis					
			Autoclaves					
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				rocla	ve			
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			10/10/01/00	fection		-		
		1	7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7		treatment			
				equipment:				
	(iii) Quantity of recyclable wastes			Orange Category (like plastic, glass etc.)				
	sold to authorized recyclers after							
	treatment in kg per annum.							
	(iv) No of vehicles used for collection	:						
	and transportation of biomedical							
	waste							
	(v) Details of incineration ash and				Quan	tity	WI	nere
	ETP sludge generated and disposed	1			gener	ated	dis	posed

	during the treatment of wastes in Kg per annum	Incineration Ash ETP Sludge		
	(vi) Name of the Common Bio- Medical Waste Treatment Facility Operator through which wastes are disposed of	: M/s Tekno Therm Industries		
	(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	As a part of Multi-Disciplinary committee.		
7	Details trainings conducted on BMW			
	(i) Number of trainings conducted on BMW Management.	5		
	(ii) number of personnel trained			
	(iii) number of personnel trained at the time of induction	64		
	(iv) number of personnel not undergone any training so far	NIL		
	(v) whether standard manual for training is available?	Yes		
	(vi) any other information)	NIL		
8	Details of the accident occurred during the year			
	(i) Number of Accidents occurred			
	(ii) Number of the persons affected	Not Applicable		
	(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?	Not Applicable		
	Details of Continuous online emission monitoring systems installed			
10	Liquid waste generated and treatment methods in place. How many times you have not met the standards in a year?	Not Applicable		
11	Is the disinfection method or sterilization meeting the log 4	Not Applicable		

	standards? How many times you have not met the standards in a year?		
12	Any other relevant information	:	Not Applicable

Certified that the above report is for the period from 01/01/2024 to 31/12/2024

Deve.

Name and Signature of the Head of the Institution

Date: 22.07.2025

Place: Tirupur

Or. DEEPA T.N. Regn. TNMC 141297

MEDICAL OFFICER INCHARGE ARAVIND EYE HOSPITAL DHARAPURAM MAIN ROAD TIRUPUR-641 608.