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. R. Meenakshi DO, DNB
	(ii) Name of HCF or CBMWTF	:	Aravind Eye Hospital
	(iii) Address for Correspondence	:	4/897, New Apparen Thiruvenkadam Main Road, Kovilpatti
	(iv) Address of Facility		
	(v)Tel. No, Fax. No	:	
	(vi) E-mail ID	:	drmeenakshi@aravind.org
	(vii) URL of Website		WWW.aravind.org
	(viii) GPS coordinates of HCF or CBMWTF		
	(ix) Ownership of HCF or CBMWTF	:	(State Government or Private or Semi Govt. or any other) AEH - Trust
	(x). Status of Authorisation under the Bio-Medical Waste (Management and Handling) Rules	:	Authorisation No.: ..21BAD38635294.......... ..26/10/21.....valid up to .31/3/29
	(xi). Status of Consents under Water Act and Air Act	:	Valid up to:
2.	Type of Health Care Facility	:	
	(i) Bedded Hospital	:	No. of Beds: 12.
	(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		
3.	Details of CBMWTF	:	NA
	(i) Number healthcare facilities covered by CBMWTF	:	NA
	(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	:	_____ Kg/day
4.	Quantity of waste generated or disposed in Kg per annum (on monthly average basis)	:	Yellow Category : 929 Red Category : 267 White: 26 Blue Category : 74 General Solid waste:

5 Details of the Storage, treatment, transportation, processing and Disposal Facility

(i) Details of the on-site storage facility	:	Size : 8 X 4 feet. Capacity : Provision of on-site storage : (cold storage or any other provision)

(ii) Details of the treatment or disposal facilities :

Type of treatment equipment	No of units	Capacity Kg/day	Quantity treatedor disposed in kg per annum
Incinerators	NA	NA	NA
Plasma Pyrolysis	NA	NA	NA
Autoclaves	NA	NA	NA
Microwave	NA	NA	NA
Hydroclave	NA	NA	NA
Shredder	NA	NA	NA
Needle tip cutter or destroyer	NA	NA	NA
Sharps encapsulation or concrete pit	NA	NA	NA
Deep burial pits:	NA	NA	NA
Chemical disinfection:	NA	NA	NA
Any other treatment equipment:	NA	NA	NA

(iii) Quantity of recyclable wastes sold to authorized recyclers after treatment in kg per annum.	:	Red Category (like plastic, glass etc.)
(iv) No of vehicles used for collection and transportation of biomedical waste	:	
(v) Details of incineration ash and ETP sludge generated and disposed		Quantity generated — Where disposed

	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	:	Aseptic System BMW Company TVL
	(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		HIC Meeting
7	Details trainings conducted on BMW		Yes
	(i) Number of trainings conducted on BMW Management.		4 (Quarterly)
	(ii) number of personnel trained		50
	(iii) number of personnel trained at the time of induction		
	(iv) number of personnel not undergone any training so far		
	(v) whether standard manual for training is available?		Yes
	(vi) any other information)		NO
8	Details of the accident occurred during the year		
	(i) Number of Accidents occurred		Nil
	(ii) Number of the persons affected		Nil
	(iii) Remedial Action taken (Please attach details if any)		Nil
	(iv) Any Fatality occurred, details.		Nil
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?		NA
11	Is the disinfection method or sterilization meeting the log 4		NA

	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)

Certified that the above report is for the period from January to December 2024

Name and Signature of the Head of the Institution

Date: 27/9/25
Place Kovilpatti

Dr.R. Meenakshi, D.O. Dip.NB
Chief Medical Officer
Aravind Eye Hospital
Tirunelveli Jn.

M/s. Aseptic System Bio Medical Waste Management Company

nellaictf@gmail.com

Annual Report for the Period of January - 2024 to December - 2024

ARAVIND EYE HOSPITAL (3475) - KOVILPATTI

No.	Month	Weight (Kg)				Total Weight
		Red	Yellow	Blue	White	
1	JAN	24	72	7	2	105
2	FEB	19	64	5	2	90
3	MAR	23	70	5	2	100
4	APR	21	81	6	1	109
5	MAY	19	88	6	1	114
6	JUN	24	77	5	2	108
7	JUL	16	73	5	2	96
8	AUG	19	80	5	2	106
9	SEP	20	84	7	3	114
10	OCT	25	76	7	3	111
11	NOV	27	79	8	2	116
12	DEC	30	85	8	4	127
Total		267	929	74	26	1296

This is a computer generated Report

ASEPTIC SYSTEMS RMW & COMPANY