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 (CBMWTF)]

Sl. No.	Particulars		
1.	Particulars of the Occupier		
	(i) Name of the Authorised person (occupier or operator of facility)	:	**Aravind Eye Hospital – OP Block**
	ii) Name of HCF	:	**Aravind Eye Hospital**
	iii) Address for Correspondence	:	**No.1, Anna Nagar**
	iv) Address of Facility	:	**Madurai 625 020**
	v) Tel No., Fax No.	:	**94434 39977**
	vi) E-mail ID	:	**jeyachandran@aravind.org**
	vii) URL of Website	:	**www.aravind.org**
	viii) GPS Co-ordinates of HCF or CBMWTF	:	**9.921195 – Latitude 78.140085 – Longitude**
	ix) Ownership of HCF or CBMWTF	:	**Private**
	x) Status of Authorisation under the Bio-Medical Waste (Management and Handling) Rules	:	**Authorization No. 25BAZ68751417 dated on 25/07/2025 valid to 31/03/2029**
	(xi). Status of Consents under Water and Air Act	:	**Valid up to 31.03.2029**
2.	Type of Health Care Facility		
	i) Bedded Hospital		**No. of Beds : N/A**
	ii) Non Bedded Hospital (Clinic or Blood Bank or Clinical Laboratory or Research Institute or Veterinary Hospital or any other)		**Others – Eye Care Hospital Out Patients only**
	iii) License Number and its date of expiry		**MADUALL20250004394 29-11-2029**
3.	Details of CBMWTF		
	i) Number healthcare facilities covered by CBMWTF		N/A
	ii) No of Beds covered by CBMWTF		N/A
	iii) Installed treatment and disposal capacity of CBMWTF		N/A
	iv) Quantity of Bio Medical Waste Treated or disposed by CBMWTF		
4.	Quantity of Waste Generated or disposed in Kg per annum (on monthly average basis)		**Yellow Category : 2664 Kg/year**
			Red Category : 2337.5 Kg/Year
			White : 797 Kg/year
			Blue Category : 656 Kg/Year----
			General Solid Waste : ----
5.	Details of the Storage, treatment, Transportation, processing and disposal facility		
	i) Details of the on-site storage facility		Size : 4 m x 2.5 m = 10 Sq.m. Area
			Capacity :
			Previous of onsite Storage : (cold storage or any other provision

	ii) Disposal Facilities		Type of treatment equipment	No of Units	Capacity Kg/day	Quantity treated or disposed in Kg per annum
			Incinerators			
			Plasma Pyrolysis			
			Autoclaves			
			Microwave			
			Hydroclave			
			Shredder			
			Needle tip cutter or destroyer			
			Sharps encapsulation or concrete pit			
			Deep Burial Pits			
			Chemical disfection			
			Any other treatment equipment			
	iii). Quantity of recyclable wastes sold to authorized recyclers after treatment in kg per annum		Red category (like plastic, glass etc.) **No**			
	iv). No. of vehicles used for collection and transportation of biomedical waste		**CBMWTF Vehicle**			
	v). Details of incineration ash and ETP sludge generated and disposed during the treatment of wastes in Kg per annum		Quantity Generated Incineration : Ash : **N/A** ETP Sludge :	Where disposed		
	vi) Name of the Common Bio Medical Waste Treatment Facility Operator Through which wastes are disposed for		M/s. Re sustainability Healthcare Solutions Ltd, 2B/1, Vaigai Main Street, Velmurugan Nagar, Byepass Road, Madurai 625 020			
	vii). List of member HCF not handed over Bio Medical Waste		**N/A**			
6.	Do you have bio-medical waste management committee? If yes attach minutes of the meetings held during the reporting period		**NO**			
7.	Details training conducted on BMW					
	i) Number of trainings conducted on BMW Management		**4**			

	(ii) Number of personnel trained		**25 Nos.**
	(iii) Number of personnel trained at the time of induction		**25 Nos.**
	(iv) Number of personnel not undergone any training so far		**N/A**
	(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		**N/A**
	(ii) Number of the persons affected		**N/A**
	(iii) Remedial Action taken (Please attach details if any)		**N/A**
	(iv) Any Fatality occurred details		**N/A**
9	Are you meeting the standards of air Pollution from the incinerator? How many times in last year could not met the standards?		**N/A**
	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?		-----
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) Acoustic Enclosures with Stack Provided for DG sets

Certified that the above report is for the period from 01.01.2025 to 31.12.2025

Name and Signature of the Head of the Institution

Dr. R. KIM
Chief Medical Officer
ARAVIND EYE HOSPITAL
1, Anna Nagar
MADURAI - 625 020

Date: 31.03.2026

Place: Madurai