To: Date: 29-06-2020

The Environmental Officer -

Karnataka State Pollution control Board Regional Office: Yalahanka (Byatarayanapura) 1st Floor Nisarga Bhavana Shivanahalli, Rajajinagar Bangalore-10

Sir,

Sub: Submission of BMW Annual returns Statement vide From -IV for the Year 2018

With reference to the above subject, please find enclosed copy of the BMW Annual returns Statement furnished for the year 2018 as per Rule 13 of the BMW Act 2019.

Kindly acknowledge of the above and oblige.

Thanking you,

Yours truly

For Kids Clinic India Pvt Ltd.,

Authorized Signatory

Encl: Environmental Audit Statement



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.	Particulars		
No.			
1.	Particulars of the Occupier	:	Kids clinic Todio RUT ATD
	(i) Name of the authorised person (occupier or	:	Honomonth gooda
	operator of facility)	,	Hontomonal gover
	(ii) Name of HCF or CBMWTF	:	Rids climic Tadia Put 175
	(iii) Address for Correspondence	:	Mids clime Endla For Fred Lingad Hown HRBR Layout 3rd bless Bangless H
	(iv) Address of Facility		A second
	(v)Tel. No, Fax. No	:	1860 500 9999
	(vi) E-mail ID	;	hungranthgouda & dudfrine care con
	(vii) URL of Website		www doudining care com
	(viii) GPS coordinates of HCF or CBMWTF		
-	(ix) Ownership of HCF or CBMWTF	:	(State Government or Private or
			Semi Govt. or any other)
	(x). Status of Authorisation under the Bio-Medical	:	Authorisation No.:
	Waste (Management and Handling) Rules		Market Bownist freshing
			valid up to Li.3 <t.in ie<="" td=""></t.in>
	(xi). Status of Consents under Water Act and Air	:	Valid up to:
	Act		NA
2.	Type of Health Care Facility	:	Privade
	(i) Bedded Hospital	:	No. of Beds:
	(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		Moal (1)
3.	Details of CBMWTF	:	N SO 3 3 4 4 3 3
	(i) Number healthcare facilities covered by	:	
	CBMWTF		
	(ii) No of beds covered by CBMWTF	:	C
	(iii) Installed treatment and disposal capacity of	:	Kg per day
	CBMWTF:		

	(iv) Quantity of biomedical waste treate by CBMWTF	d or d	lisposed :	Kg	g/day		
	Quantity of waste generated or dispose	ed in	Kg per :	Yellow C	ategory	· ;	139 (0,000)
	annum (on monthly average basis)		Red Cate	gory :		16 long	
				White:		-	26/000
				Blue Cate	egory:		NH
				General S		aste: /	60 /000
	Details of the Storage, treatment, transpo	ortatio	on, processing a	and Disposa	al Facili		<u>G2. 4 / 5. 1.7 1.3</u>
	(i) Details of the on-site storage	;	Size :		Y.5	4	4.
	facility		Capacity:		139	\$ /	en Stor.
			Provision of on-site storage : (cold storage or any other provision)				
	(ii) Détails of the treatment or : disposal facilities	:	Type of tre	eatment	No	Сар	Quantity
			equipment		of	acit	treatedo
					unit	у	r
					S	Kg/	disposed
						day	in kg
							per
							annum
			Incinerato	rs			
			Plasma Pyrolysis				
			Autoclaves				
			Microwav	e	, entr		
			Hydroclav	'e	6		
			Shredder		ि		
]			cutter or			
			_	Secretary and the second			
	1		1	** *	_		
				ion or		-	
	l l			it			
			Deep buri	al pits: 🕟			ا جر اص
	1		Chemical	ar pito.	+174	6 015	102
			disinfection	m: •	Charles &		
				treatment			
	(iii) Quantity of recyclable wastes	:	Red Categor	y (like plas	tic, glas	s etc.)	
	sold to authorized recyclers after			t ^e			
	treatment in kg per annum.		4.1	<i>y</i>			
	(iv) No of vehicles used for collection	:	,	,			
	and transportation of biomedical		1 10	this col	É		
	waste					V Y F-	
	(v) Details of incineration ash and			Quan			iere
	ETP sludge generated and disposed		1	gener	ated	dis	posed

	during the treatment of wastes in Kg per annum	Incineration Ash Strick ETP Sludge Ash
	(vi) Name of the Common Bio- Medical Waste Treatment Facility Operator through which wastes are disposed of	Movi (Mi
	(vii) List of member HCF not handed over bio-medical waste.	N. 44
6	Do you have bio-medical waste management committee? If yes, attach minutes of the meetings held during the reporting period	
7	Details trainings conducted on BMW	765
	(i) Number of trainings conducted on BMW Management.	1. Tacining
	(ii) number of personnel trained	100 7
i	(iii) number of personnel trained at	
	the time of induction	Everyone
	(iv) number of personnel not	h 1 1
	undergone any training so far	NA
	(v) whether standard manual for training is available?	Yes
	(vi) any other information)	<i>W</i> :/
8	Details of the accident occurred	
	during the year	Nit
	(i) Number of Accidents occurred	Nii
	(ii) Number of the persons affected	1,614
	(iii) Remedial Action taken (Please	No. 1 2 3
	attach details if any)	Nil Wil
	(iv) Any Fatality occurred, details.	lier
9.	Are you meeting the standards of air	
	Pollution from the incinerator? How	Ni(
	many times in last year could not met the standards?	(O 1)
	Details of Continuous online emission	
	monitoring systems installed	Net
10	Liquid waste generated and treatment	
10	methods in place. How many times	
1	you have not met the standards in a	N i d
	year?	
11	Is the disinfection method or	1
	sterilization meeting the log 4	Wil

not met the standards in a year?	
12 Any other relevant information :	(Air Pollution Control Devices attached with the Incinerator)

Certifi	ed that the above report is for the period from	Janary 1619 to
		Torrerober - 2014
		Name and Signature of the Illead of the Institution
Date: Place	97/06/20 Bangaine	Homerman layerela