

To:

Date: 29-06-2020

The Environmental Officer - City West Second & AST Karnataka State Pollution control Board Nisarga Bhavan, 1st Floor, Thimmaiah road, 7th D Cross, shivanagar, opp, Pushpanjali Theatre, Shivanagar, Bangalore-560010

Sir,

Sub: Submission of BMW Annual returns Statement vide From –IV for the Year 2019

With reference to the above subject, please find enclosed copy of the BMW Annual returns Statement furnished for the year 2019 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: BMW Annual returns Statement



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Form – IV (See rule13) 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)]

S1.			~
О	Particulars		
•	Particulars of the Occupier	:	Kids clinic India PUT LT
	(i) Name of the authorised person (occupier or : operator of facility)	٠	Hanumantagouda
	(ii) Name of HCF or CBMWTF	:	Rids clinic India TUT L' Cloud nine Hospital Fert No 29/7 Kodinalli old Air
	(iii) Address for Correspondence	:	NO 29/7 Kodihalli old Air Road Bongalore - 5666 17
	(iv) Address of Facility		- 11 -
	(v)Tel. No, Fax. No	i	18605069999
	(vi) E-mail ID	: Gol	das @ cloudnine come.
	(vii) URL of Website	w	cloudnine care-com
	(viii) GPS coordinates of HCF or CBMWTF		
	(ix) Ownership of HCF or CBMWTF	2	(State Government or Private or Semi Govt. or any other)
	(x). Status of Authorisation under the Bio-Medical Waste (Management and Handling) Rules	:	Authorisation No.: No.: No.: No.: No.: No.: No.: No.:
	(xi). Status of Consents under Water Act and Air Act	:	Valid up to:
	Type of Health Care Facility	:	Private
	(i) Bedded Hospital		No. of Beds:
	(ii) Non-bedded hospital	:	

	(Clinic or Blood Bank or Clinical y CResearch Institute or Veterinary Hospital or an other)	or				
	(iii) License number and its date of expiry		,			
3.	Details of CBMWTF		maridi			
	(i) Number healthcare facilities covered by CBMWTF	у :				
	(ii) No of beds covered by CBMWTF	:	0			
	(iii) Installed treatment and disposal capacity of CBMWTF:		NA Kg per day			
	(iv) Quantity of biomedical waste treated or disposed by CBMWTF		7_Kg/day			
4.	Quantity of waste generated or disposed in Kg per annum (on monthly average basis)		Yellow Category 2. 173			
			Red Category: 1038, 125			
			White: 227			
			Yellow Category 2.173 14 Red Category: 1038 145 White: 227 Blue Category: 666 144			
			General Solid waste: 1206 /annel			
5	Details of the Storage, treatment, transportation, p	processi	ng and Disposal Facility			
	(i) Details of the site storage : Size	:	5x5 Feet			
	facility Capa	city:	uo Kgs			
	Provisi any oth		sion of on-site storage YES: (cold storage or ther provision) Narmall			

	disposal facilities		Type of treatmen equipment	t No of unit s	Cap acit y Kg/ day	Quantity treatedo r disposed in kg
			Incinerators Plasma Pyrolysis Autoclaves Microwave Hydroclave Shredder Needle tip cutter destroyer Sharps encapsulation or concrete pit Deep burial pits: Chemical disinfection: Any other treatm equipment:	-0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	iclen	per annum
	(iii) Quantity of recyclable wastes sold to authorized recyclers after treatment in kg per annum.	:	Red Category (like		iss etc.)	
	(iv) No of vehicles used for collection and transportation of biomedical waste	•	1 vehicle			
	(v) Details of incineration ash and ETP sludge generated and disposed during the treatment of wastes in Kg per annum		100	Quantity generated NA NA		4
	(vi) Name of the Common Bio-: Medical Waste Treatment Facility Operator through which wastes are disposed of		maridi			
	(vii) List of member HCF not handed over bio-medical waste.					
	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		xes			
	(i) Number of trainings conducted on BMW Management.		277	aning		

	(ii) number of personnel trained		100 %.
	(iii) number of personnel trained at		everyone
	the time of induction		everyone
	(iv) number of personnel not undergone any training so far		NA
	(v) whether standard manual for training is available?		Yes
	(vi) any other information)		,—
8	Details of the accident occurred during the year		
	(i) Number of Accidents occurred		(
	(ii) Number of the persons affected		
	(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?		
	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)

Certified that the above report is for the period from

Name and Signature of the Head of the Institution

Date: 39 (06 | 3030)

Place Bangalone

(BENGALURU)