## Form IV (See Rule 13) ANNUAL REPORT

(To be submitted to the prescribed authority on or before 30<sup>th</sup> 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)

S No.	Particulars				
1	Particulars of the Occupier	:			
	i) Name of the authorised person	:	New Medical Centre		
	(Occupier or operator of facility)		470, M.G.Road, Pondicher	ry 605 001	
	ii) Name of HCF or CBMWTF	:			
	iii) Address for correspondence	:	470, M.G.Road, Pondicher	ry 605 001	
	iv) Address of Facility	:			
	v) Tel. No., Fax No.	:	0413-2261200 (100 lines)		
	vi) Email ID	:	newmedicalcentre@gmail.d	com .	
	vii) URL of Website		www.nmcpondy.com		
	viii) Ownership of HCF or CBMWTF	:	Private		
	ix) Status of Authorisation under the Bio	:	Authorisation No.:		
	Medical Waste (Management and		25/PPCC/BMW/AUTHO/JSA(	PPCC)/2018/338	
	Handling) Rules		Valid upto: 30/11/2023		
	x) Status of Consent under Water Act	:	Valid		
	and Air Act				
2	Type of Health Care Facility	:	Hospital		
	i) Bedded Hospital	:	37 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	:	3463500300 VALID UPTO 20	/03/2022	
3	Quantity of waste generated or disposed in Kg	:	Yellow category	5586 Kgs per annum	
	per annum (on monthly average basis)		Red category	3772 Kgs per annum	
			White category	588 Kgs per annum	
			Blue category	2544 Kgs per annum	
			General Solid Waste		
4	Details of the Storage, treatment, transportation, processing and disposal facility				
	i) Name of the Common Bio Medical		Pondicherry Solidwaste Ma	anagement Company F	
	Waste Treatment facility operator	:	Ltd		
	through which wastes are disposed		Rajiv Gandhi Land Mark, R		
	off		Thuthipet village, Villianur	Commune, Puducherry	
5	Do you have bio medical waste management				
	committee? If yes, attach minutes of the	:	Yes		
	meetings held during the reporting period				

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Details of training conducted on BMW	:	
<ul> <li>i) Number of trainings conducted on</li> </ul>	:	One
BMW Management		
ii) Number of persons trained	:	Two
iii) Number of personnel trained at the	:	Two
time of induction		
iv) Number of personnel not undergone	:	Nil
any training so far		
v) Whether standard manual for training	:	Yes
is available		
vi) Any other information	:	Nil
Details of the accident occurred during the		
year		Nil
i) Number of accidents occurred	:	NA
ii) Number of persons affected	:	NA
iii) Remedial action taken (Please attach	:	NA
details if any)		
iv) Any fatality occurred, details	1:	NA
Liquid waste generated and treatment		
methods in place. How many times you have	:	Nil
not met the standards in a year		
	i) Number of trainings conducted on BMW Management  ii) Number of persons trained  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  vi) Any other information  Details of the accident occurred during the year  i) Number of accidents occurred  ii) Number of persons affected  iii) Remedial action taken (Please attach details if any)  iv) Any fatality occurred, details  Liquid waste generated and treatment methods in place. How many times you have	i) Number of trainings conducted on BMW Management  ii) Number of persons trained  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  vi) Any other information  Details of the accident occurred during the year  i) Number of accidents occurred  ii) Number of persons affected  iii) Remedial action taken (Please attach details if any)  iv) Any fatality occurred, details  Liquid waste generated and treatment methods in place. How many times you have

Certified that the above report is for the period from 1<sup>st</sup> January 2020 to 31<sup>st</sup> December 2020

Date: 06/07/2021 Place: Pondicherry For AND ON BEHALF OF M/s. AURO CARE PVT LTD.

T. Nalur

Managing Director

Name and Signature of the Head of Institution