

new medical centre®

(A Unit of M/s. Auro Care (P) Ltd.)

470, M.G. Road, Puducherry - 605 001

Ph. : 0413 - 2261200, 2261226, 2261236



CIN : U85110PY1991PTC000765

GST No: 34AAACA6308A1ZG

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Letter No.:/NMC/Admin/PPCC/24-25/2175

07/01/2025

The Member Secretary
Pondicherry Pollution Control Committee
Anna Nagar
Pondicherry

Dear Sir,

Sub: Annual Reporting Jan-Dec 2024 – New Medical Centre - Reg

With reference to the above, we are enclosing the following Annual Report for the period from January 2024 to December 2024 ‘

1. Annual Report in Form I (Accident Reporting)
2. Annual Report in Form IV

We request you to acknowledge the Annual reports as mentioned above.

Thanking you

Yours faithfully

**For AND BEHALF OF
M/s. AURO CARE PVT LTD.**

Saw Kumar
Manager (Admin) 07/01/25

Enc : As above

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 authorized person (occupier or : operator of facility)	:	Mrs.Nalini Thayumana Sundaram
	(ii) Name of HCF or CBMWTF	:	New Medical Centre, a unit of M/S Auro Care Pvt. Ltd.
	(iii) Address for Correspondence	:	No.470,M.G.Road,Puducherry - 605001
	(iv) Address of Facility	:	
	(v)Tel. No, Fax. No	:	0413-2261200
	(vi) E-mail ID	:	newmedicalcentre@gmail.com
	(vii) URL of Website	:	www.nmcpondy.com
	(viii) GPS coordinates of HCF or CBMWTF	:	
	(ix) Ownership of HCF or CBMWTF	:	Private
	(x). Status of Authorization under the Bio-Medical Waste (Management and Handling) Rules	:	Authorisation No.: 390477 Valid upto: 31.10.2027
	(xi). Status of Consents under Water Act and Air Act	:	Valid upto: 31.10.2024 (Applied for Renewal online No.: 475112)
2	Type of Health Care Facility	:	
	(i) Bedded Hospital	:	No. of Beds: <u>31</u>
	(ii) Non-bedded hospital	:	
	Clinical Laboratory or Research Institute or Veterinary Hospital or any other)	:	
	(iii) License number and its date of expiry	:	3463500300 (Applied for Renewal)
3	Details of CBMWTF	:	
	(i) Number of health care facilities covered by CBMWTF	:	
	(ii) No. of Beds covered by CBMWTF	:	
	(iii) Installed treatment and disposal capacity of CBMWTF;	:	_____ Kg / day
	(iv) Quantity of bio medical waste treated or disposed by CBMWTF	:	_____ Kg / day
4	Quantity of waste generated or disposed in Kg per Annum (on monthly average basis)	:	<i>Yellow Category: 4579 Kg</i> <i>Red Category: 3868 Kg</i> <i>White: 271 Kg</i> <i>Blue Category: 694 Kg</i> <i>General Solid Waste: NA</i>
5	Details of the Storage, Treatment, Transportation, Processing and Disposal Facility		
	(i) Details of the on-site storage	:	Size:

	facility		Capacity: Provision of on-site storage : (Cold storage or any other provision)			
			Type of treatment equipment	No of Units	Capacity Kg/day	Quantity Treated or disposed in kg per annum
	(ii) Disposal facilities		Incinerators	NA		
			Plasma Pyrolysis	NA		
			Autoclaves	NA		
			Microwave	NA		
			Hydroclave	NA		
			Shredder	NA		
			Needle tip cutter or destroyer	NA		
			Sharps	NA		
			Encapsulation or concrete pit	NA		
			Deep burial pits	NA		
			Chemical disinfection:	NA		
			Any other treatment equipment:	NA		
	(iii) Quantity of recyclable wastes sold to authorized recyclers after treatment in Kg per annum	:	Red Category (like plastic, glass, etc.) NA			
	(iv) No. of Vehicles used for collection and transportation of biomedical waste	:	NA			
	(v) Details of incineration ash and ETP sludge generated and disposed during the treatment of wastes in Kg per annum			Quantity Generated	Where disposed	
			Incineration	NA		
			Ash	NA		
			ETP Sludge	NA		
	(vi) Name of the Common Bio-Medical Waste Treatment Facility Operator through which wastes are disposed of		Pondicherry Solid Waste Management Company Pvt. Ltd. Rajiv Gandhi Land Mark,R.S. No. 79/5 & 80/2, Thuthipet Village,Villianur Commune,Puducherry			
	(vii) List of member HCF not handed over bio-medical waste.		NA			
6	Do you have bio-medical waste management committee? If yes, attach minutes of the meetings held during the reporting period		NO			

7	Details trainings conducted on BMW		
	(i) Number of trainings conducted on BMW Management		12
	(ii) Number of personnel trained		30
	(iii) Number of personnel trained at the time of induction		16
	(iv) Number of personnel not undergone any training so far		NIL
	(v) Whether standard manual for training is available?		YES
8	Details of the accident occurred during the year		
	(i) Number of Accidents occurred		NIL
	(ii) Number of persons affected		NIL
	(iii) Remedial Action taken (Please attach details if any)		NA
	(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?		NIL
11	Is the disinfection method or sterilization meeting the log 4 standards? How many times you have not met the standards in a year?		YES
12	Any other relevant information		(Air Pollution Control Devices attached with the Incinerator)

Certified that the above report is for the period from 1st January to 31st December 2024

Name and Signature of the Head of the Institution

**For AND BEHALF OF
M/s. AURO CARE PVT LTD.**

Ravi Kumar
Manager (Admin) 07/01/25

Date : 07.01.2025
Place : Puducherry

FORM - I
[(See rule 4(o), 5(i) and 15 (2))]

ACCIDENT REPORTING

1. Date and time of accident : NIL
2. Type of Accident : NA
3. Sequence of events leading to accident : NA
4. Has the Authority been informed immediately : NA
5. The type of waste involved in accident : NA
6. Assessment of the effects of the accidents on human health and the environment: NA
7. Emergency measures taken : NA
8. Steps taken to alleviate the effects of accidents : NA
9. Steps taken to prevent the recurrence of such an accident : NA
10. Does your facility have an Emergency Control policy? If yes give details: YES

Date : 07.01.2025
Place : PUDUCHERRY.

Signature
Designation For AND BEHALF OF
M/s. AURO CARE PVT LTD.

Ravi Kumar 07/01/25
Manager (Admin)