





To,

The Regional officer, Pollution Control Board Kabir Nagar, Raipur (C.G)

Date: 06/07/2022

SUBMISSION: SUBMISSION OF ANNUAL REPORT OF BIOMEDICAL WASTE (1ST JAN 2021 - 31ST DEC 2021), RAMKRISHNA CARE HOSPITAL

Dear Sir,

We (Ramkrishna Care Hospital) are submitting the annual Bio medical waste report for the above mentioned period.

Enclosed: Form IV

Regards,

Rain Raish na Mare AGSPITAI DIRECTO

TRISHNA CARE HOSPITAL, R

RAMKRISHNA CARE MEDICAL SCIENCES PRIVATE LIMITED

CIN: U85110CT1998PTC013035

evercare group

RAMKRISHNA CARE HOSPITALS

Pachpedi Naka, Dhamtari Road, Raipur, Chhattisgarh - 492001 T: (0771)-6165656 | F: (0771)-4004037 | E: info@ramkrishnacarehospitals.com | W: ramkrishnacarehospitals.com

REGISTERED OFFICE

9/284, Budhapara, Raipur, Chhattisgarh - 492001 T: (0771)-6165656 | F: (0771)-4004037

E: info@ramkrishnacarehospitals.com | W: ramkrishnacarehospitals.com

CORPORATE OFFICE

H.No. 8-2-120/86/10, 1st Floor, Kohinoor building, Road No. 2, Banjara hills, Hyderabad -500 034, Telangana

T: (040)-61806565 | E: info@carehospitals.com | W: carehospitals.com



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)]

Particulars		
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	:	RAM KRISHNA CARE MEDICAL SCIENCE
(iii) Address for Correspondence	:	RAM KRISHNA CARE MEDICAL Scient NEAR AUTUINDO ENCLOVED
(iv) Address of Facility		PACHPEDI NAKA RAIPUR
(v)Tel. No, Fax. No		
(vi) E-mail ID	:	elevendar Nirmalkara care Hospiell
(vii) URL of Website		BMIN. care hospitals. com' com
(viii) GPS coordinates of HCF or CBMWTF		21.21.29 11 81, 6534
(ix) Ownership of HCF or CBMWTF	:	(State Government or Private or
See Secretary and See Secretary Control Contro		Semi Govt. or any other)
(x). Status of Authorisation under the Bio-Medical	:	Authorisation CBCB No.: 01.2019
Waste (Management and Handling) Rules		975 1/BMW/HO/CEGD/2017
1 A 2000		Authorisation CBCB No.: 975.7 / BMW/HO/CECB/2019
(xi). Status of Consents under Water Act and Air	:	Valid up to: 30 06 2023
Act		30 106 12023
Type of Health Care Facility	:	
(i) Bedded Hospital	:	No. of Beds: 359
(ii) Non-bedded hospital	:	
*		
Research Institute or Veterinary Hospital or any		
other)		1-0
(iii) License number and its date of expiry		RAIP005/RAIP00 05/HOS/R-8
Details of CBMWTF	:	
(i) Number healthcare facilities covered by		
CBMWTF		
(ii) No of beds covered by CBMWTF	:	
(iii) Installed treatment and disposal capacity of	:	Kg per day
CBMWTF:		
	Particulars of the Occupier (i) Name of the authorised person (occupier or operator of facility) (ii) Name of HCF or CBMWTF (iii) Address for Correspondence (iv) Address of Facility (v) Tel. No, Fax. No (vi) E-mail ID (vii) URL of Website (viii) GPS coordinates of HCF or CBMWTF (ix) Ownership of HCF or CBMWTF (x). Status of Authorisation under the Bio-Medical Waste (Management and Handling) Rules (xi). Status of Consents under Water Act and Air Act Type of Health Care Facility (i) Bedded Hospital (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 Details of CBMWTF (i) Number healthcare facilities covered by CBMWTF (ii) No of beds covered by CBMWTF (iii) Installed treatment and disposal capacity of	Particulars of the Occupier (i) Name of the authorised person (occupier or operator of facility) (ii) Name of HCF or CBMWTF (iii) Address for Correspondence (iv) Address of Facility (v) Tel. No, Fax. No (vi) E-mail ID (vii) URL of Website (viii) GPS coordinates of HCF or CBMWTF (ix) Ownership of HCF or CBMWTF (x). Status of Authorisation under the Bio-Medical Waste (Management and Handling) Rules (xi). Status of Consents under Water Act and Air Act Type of Health Care Facility (i) Bedded Hospital (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 Details of CBMWTF (i) Number healthcare facilities covered by CBMWTF (ii) No of beds covered by CBMWTF (iii) Installed treatment and disposal capacity of :

	(iv) Quantity of biomedical waste treated	d or di	sposed	:	K	g/day			
	by CBMWTF					_			122
4.	Quantity of waste generated or dispose	ed in .	Kg per	:		Category	;<	3960.36	, K91
	annum (on monthly average basis)					egory :		725.23	KG;
					White:			38 .65	KG
					Blue Ca	A PROPERTY OF THE PARTY OF THE		92.44	
		27 72 60				Solid wa			
5	Details of the Storage, treatment, transpo			ssing a	nd Dispos	sal Facili	ty		417
	(i) Details of the on-site storage	:	Size	طك	12X	13:5	7.7	786-10	X 12
	facility		Capacit	ty:					
		İ	Provisi	on of	on-site	storage	: (col	d storage or	
			any oth	er pro	vision)				
	(ii) Details of the treatment or	:	Туре	of tre	atment	No	Cap	Quantity	
	disposal facilities		equij	pment		of	acit	treatedo	
						unit	y	r	
						S	Kg/	disposed	
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	,				n:		-	1/11/10	RID
			Any	other	treatment	15	TP	+(HNB	140
			equi	pment	:				
	(iii) Quantity of recyclable wastes	:			y (like pla	stic, glas	s etc.)		
	sold to authorized recyclers after			7127	8 T	2			
	treatment in kg per annum.		t	1 A]
	(iv) No of vehicles used for collection	:	1000						
	and transportation of biomedical		A	2					
	waste		02	4					
	(v) Details of incineration ash and	÷)			30	ntity		here	
	ETP sludge generated and disposed				gene	erated	dis	sposed	

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	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)

Certifi	ed that the above report is for the period from 18 Jan 2021 to 318 DEC 2021
See .	Name and Signature of the Head of the Institution
Date: Place	SANDEEP DAVE (M