

Ref: HCG/KLGB/0005

Date: 05-06-2025

To.

Karnataka State Pollution Control Board Zonal office Gulbarga. Plot no.12/2, Sy no.19/P Mansafdar layout, M.G. Road, Santraswadi. KALABURAGI-585101

Respected Sir,

## Sub: Submission of the Annual Report of BMW

With reference to the above subject we are hereby submitting the Annual report with Form-IV (See Rule -13) of our healthcare Centre for the Common Biomedical waste treatment facility biomedical waste monthly.

Kindly Acknowledge and do the needful.

For, HCG Cancer Center Kalaburagi.

AUTHORIZED SIGNATORY

HCG CANCER CENTRE - A Unit of HealthCare Global Enterprises Limited

## Form – IV (See rule13) 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)]

1.			
	Particulars	:	HCG CANLER CENTER
	Particulars of the Occupier	-	FIGG CHIESE
	(i) Name of the authorised person		
	(occupier or : operator of facility)	:	Ma. Dileep. K.S
	(ii) Name of HCF or CBMWTF	:	HCG CAMLER CENTRE
	(iii) Address for Correspondence	:	NO 1/10A KHUBAPLOT STATE
	(iv) Address of Facility		Mouwith PAR
	(v)Tel. No, Fax. No	:	08472-661000
	(vi) E-mail ID		gulbalga. admin a hogel. com
	(vii) URL of Website		gulbuga. admin@hgel.com
	(viii) GPS coordinates of HCF or CBMWTF		0 00
	(ix) Ownership of HCF or CBMWTF	:	(State Government or Private of Semi Govt. or any other)
	(x). Status of Authorisation under the Bio-Medical	:	Authorisation HCF No
	Waste (Management and Handling) Rules		1344 288
	Waste (Management and Handring)		valid up to 30 9 28
	(xi). Status of Consents under Water Act and Ai	r :	Valid up to:
	25일에 보다면 가장 1명이 되어 있다면 하는 것 같아. 100 전에 가장 하는데 보다면 하는데 하는데 하는데 보다면 하는데 보다면 하는데		
	Act		301912028
-	Type of Health Care		CANCER CENTRE
15	2. Facility	1.	CANCER CENTRE
1		1:	No. of Beds:50
	(i) Bedded Hospital	1	
			INCLUDED.

	(Clinic or Blood Bank or Clinical y or Research Institute or Veterinary Hospital or any other)		INCLUDED.			
-	(iii) License number and its date of expiry					
	Details of CBMWTF	:	MOW with PARTSARA ASSOCIATES YADGIR			
-	(i) Number healthcare facilities covered b CBMWTF	у :				
	(ii) No of beds covered by CBMWTF	:	50			
	(iii) Installed treatment and disposal capacity of CBMWTF:	:	10-20 Kg per day			
	(iv) Quantity of biomedical waste treated or disposed by CBMWTF	:	: 1 <u>0-20</u> Kg/day			
4.	Quantity of waste generated or disposed in Kg per annum (on monthly average basis)		Yellow Category  48 kg Month.  Red Category:  115 Kg month.  White: 10 kg month			
			Blue Category:  32 Fig month.  General Solid waste:  (ity Muscips Conplain)			
5	5 Details of the Storage, treatment, transportation, processing and Disposal Facility					
	on-	ize	:			
	P	Capacity 10	ion of on-site storage : (cold storage or ther provision)			

		annum
		Incinerators Plasma Pyrolysis Autoclaves Microwave Hydroclave Shredder Needle tip cutter or destroyer Sharps encapsulation or concrete pit Deep burial pits: Chemical disinfection: Any other treatment equipment:
sol	i) Quantity of recyclable wastes : ld to authorized recyclers after	Red Category (like plastic, glass etc.)
(iv	atment in kg per annum.  7) No of vehicles used for collection  transportation of biomedical	MOU with PARTSARA ASSOCIATES YADGE  Quantity Where
(v) E1 du	Details of incineration ash and IP sludge generated and disposed uring the treatment of wastes in Kg er annum	Quantity Where generated disposed  Incineration Ash ETP Sludge
O di	Name of the Common Bio-:  Medical Waste Treatment Facility Operator through which wastes are isposed of	
0	vii) List of member HCF not handed over bio-medical waste.	
n	o you have bio-medical waste management committee? If yes, attach minutes of the meetings held during the reporting period	NCC .
I	Details trainings conducted on BMW	YES

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	(ii) number of personnel trained		80 members.
	(iii) number of personnel trained at the time of induction		60 membels.
	(iv) number of personnel not undergone any training so far		00
	(v) whether standard manual for training is available?		YE5
	(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.		
).	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		
0	Liquid waste generated and treatment methods in place. How many times you have not met the standards in a year?		
1	Is the disinfection method or sterilization meeting the log 4 standards? How many times you have not met the standards in a year?		
2	Any other relevant information	:	(Air Pollution Control Devices attached with the Incinerator)

Certified that the above report is for the period from From 10120.24	
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	DILECP KG
	Name and Signature of the Head of the Institution

Date: 🗠 Place