

ನಂ.MHIO/004/2026-27

ದಿನಾಂಕ:22-04-2026

ಗೆ,  
ಪರಿಸರ ಅಧಿಕಾರಿಗಳು,  
ಕರ್ನಾಟಕ ರಾಜ್ಯ ಮಾಲಿನ್ಯ ನಿಯಂತ್ರಣ ಮಂಡಳಿ,  
ಶಿವಮೊಗ್ಗ.

**ವಿಷಯ:** ಜೀವ ವೈದ್ಯಕೀಯ ತ್ಯಾಜ್ಯ ವಸ್ತುಗಳ (ವ್ಯವಸ್ಥಾಪನೆ ಮತ್ತು ನಿರ್ವಹಣೆ) ನಿಯಮಗಳು  
1998ರ ಅಡಿಯಲ್ಲಿ ವಾರ್ಷಿಕ ವರದಿಯನ್ನು ಸಲ್ಲಿಸುತ್ತಿರುವ ಬಗ್ಗೆ.

ಮೇಲ್ಕಂಡ ವಿಷಯಕ್ಕೆ ಸಂಬಂಧಿಸಿದಂತೆ, ಜೀವ ವೈದ್ಯಕೀಯ ತ್ಯಾಜ್ಯ ವಸ್ತುಗಳ (ವ್ಯವಸ್ಥಾಪನೆ ಮತ್ತು ನಿರ್ವಹಣೆ) ನಿಯಮಗಳು 1998ರ  
ಅಡಿಯಲ್ಲಿ 01/01/2025 ರಿಂದ 31/12/2025ರ ವಾರ್ಷಿಕ ವರದಿಯನ್ನು ನಿಗದಿತ ನಮೂನೆ-IV ರಲ್ಲಿ ದಿನಾಂಕ: 16-04-2026 ರಂದು  
ಸಲ್ಲಿಸುತ್ತಿದ್ದೇವೆ ಹಾಗೂ ಇದನ್ನು ಸ್ವೀಕರಿಸಿ, ಸ್ವೀಕೃತಿಯನ್ನು ನೀಡಬೇಕಾಗಿ ಕೇಳಿಕೊಳ್ಳುತ್ತೇವೆ.

ಅಡಕ: ನಮೂನೆ- IV

ಧನ್ಯವಾದಗಳೊಂದಿಗೆ,

ತಮ್ಮ ವಿಶ್ವಾಸಿ,

ಮಲ್ಲಾಡ್ ಅಸ್ತತ್ರೆ ಮತ್ತು ಗಂಧಿ ಸಂಸ್ಥೆಯ ಪರವಾಗಿ,

ಅನಿಲ್ ಕೆ. ಸಿ.ಪಿ.

ಮುಖ್ಯಾಡಳಿತಾಧಿಕಾರಿ.

MALNAD HOSPITAL AND  
INSTITUTE OF ONCOLOGY  
9th Mile Stone, B.H. Road  
Opp. Bidare Bus stop, Nidige Post  
Shivamogga-577222, Karnataka  
Email : mhio.hcg@gmail.com



**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)]

Sl. No	Particulars		
1.	Particulars of the Occupier	:	
	(i) Name of the authorized person (occupier or : operator of facility)	:	ANIL C P
	(ii) Name of HCF or CBMWTF	:	HCF
	(iii) Address for Correspondence	:	MALNAD HOSPITAL AND
	(iv) Address of Facility	:	INSTITUTE OF ONCOLOGY 9th Mile Stone, B.H. Road Opp. Bidare Bus stop, Nidige Post
	(v) Tel. No, Fax. No	:	Shivamogga-577222, Karnataka Email : mhio.hcg@gmail.com
	(vi) E-mail ID	:	mhio.hcg@gmail.com
	(vii) URL of Website	:	NA
	(viii) GPS coordinates of HCF or CBMWTF	:	HCF
	(ix) Ownership of HCF or CBMWTF	:	Private (State Government or Private or Semi Govt. or any other)
	(x). Status of Authorization under the Bio-Medical Waste (Management and Handling) Rules	:	Authorization No.: 11.PCB/SEO.-CTA.-561/BMW 1-10-2019....valid up to 30-9-2028
	(xi). Status of Consents under Water Act and Air Act	:	Valid up to: 30-09-2028 AW-314577 dt: 1-9-2019
2.	Type of Health Care Facility	:	oncology, Single speciality
	(i) Bedded Hospital	:	No. of Beds:..... 56
	(ii) Non-bedded hospital	:	

	Laborator (Clinic or Blood Bank or Clinical y Research Institute or Veterinary Hospital or any other)	or	NA
	(iii) License number and its date of expiry		SMG100069ALHL3
3.	Details of CBMWTF	:	NA
	(i) Number healthcare facilities covered by CBMWTF	:	NA
	(ii) No of beds covered by CBMWTF	:	NA
	(iii) Installed treatment and disposal capacity of CBMWTF:	:	_____ Kg per day
	(iv) Quantity of biomedical waste treated or disposed by CBMWTF	:	_____ Kg/day
4.	Quantity of waste generated or disposed in Kg per annum (on monthly average basis)	:	Yellow Category: 62 kg Red Category : 237 kg ✓ White: 68 kg Blue Category : 310 kg ✓ General Solid waste:
5	Details of the Storage, treatment, transportation, processing and Disposal Facility		
	(i) Details of the on-site storage facility	:	Size : _____ Capacity : _____ Provision of on-site storage : (cold storage or any other provision)

disposal facilities		<table border="1"> <thead> <tr> <th>Type of treatment equipment</th> <th>No of units</th> <th>Capacity Kg/day</th> <th>Quantity treated or disposed in kg per annum</th> </tr> </thead> <tbody> <tr> <td>Incinerators</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Plasma Pyrolysis</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Autoclaves</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Microwave</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Hydroclave</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Shredder</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Needle tip cutter or destroyer</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Sharps encapsulation or concrete pit</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Deep burial pits:</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Chemical disinfection:</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Any other treatment equipment:</td> <td></td> <td></td> <td></td> </tr> </tbody> </table>	Type of treatment equipment	No of units	Capacity Kg/day	Quantity treated or disposed in kg per 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:			
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(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		<table border="1"> <thead> <tr> <th>Quantity generated</th> <th>Where disposed</th> <th>Incineration Ash</th> <th>ETP Sludge</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table> NA	Quantity generated	Where disposed	Incineration Ash	ETP Sludge																																												
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(vi) Name of the Common Bio- : Medical Waste Treatment Facility Operator through which wastes are disposed of		Sushrutha Bio medical waste Management Society, Shimoga																																																
(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.		02																																																

	(ii) number of personnel trained		83
	(iii) number of personnel trained at the time of induction		09
	(iv) number of personnel not undergone any training so far		NIL
	(v) whether standard manual for Training is available?		Infection Control Committee Manual
	(vi) any other information)		
8	Details of the accident occurred during the year		NIL
	(i) Number of Accidents occurred		No
	(ii) Number of the persons affected		No
	(iii) Remedial Action taken (Please attach details if any)		NA
	(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?		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?		NA
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

01-01-2025 to 31-12-2025

Name and Signature of the Head of the Institution

Date: 22-04-2026  
Place: Shimoga

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