2021 -Hospital

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)]

S.No	Particulars	¥
1	Particulars of the Occupier	M.DHANASEKARAN
	(i) Name of the Authorised person	
	(occupier or operator of facility)	Chairman
	(ii)Name of the HCF or CBMWTF	Sri Manakula Vinayagar Medical
		College and Hospital,
	(iii) Address for Correspondence	Kalitheerthalkuppam,Puducherry
	(iv) Address of Facility	22 22
	(v) Tel.No, Fax No	0413 - 2643000
	(vi) E-Mail ID	principal@smvmch.ac.in
	(vii) URL of Website	www.smvmch.ac.in
	(viii) GPS coordinates of HCF or CBMWTF	
	(ix) Ownership of HCF or CBMWTF	Private ·
	(x) Status of Authorisation under the	Authorisation No:
	Bio-Medical Waste (Management and	1-45/PPCC/BMWM/Authorisation/
	Handling) Rules	valid upto 31.12.2024
	(xi) Status of consents under Water Act	16/PPCC/CON/AIR/MCP/JSA/2018/769 Dt. 18.09.2018
	and Air Act	16/PPCC/CON/WTR/JSA/2018/768
		Dt. 18.09.2018 - 03
		Valid upto : 31(01.2023
, 2	Type of Health Care Facility	
	(i) Bedded Hospital	No of beds 932
	(ii) Non -bedded hospital	,
	(Clinic or Blood Babj or Clinical	
	Laboratory or Research Institute or	
	Veterinary Hospital or any other)	
	(iii) License number and its date of	
	expiry	21100 1/ / /
3	Quantity of waste generated or disposed in Kg per annum (on monthly average basis)	Yellow category: 21183 Kg / Annum
		Red Category: 16232 Kg/Annum
		White Category: 450 Kg/Annum
		Blue Category: 6075 Kg/Annum