

**Form - IV**

(See rule 13)

**ANNUAL REPORT**

[To be submitted to the prescribed authority on or before 30 th 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)]

<b>Application Type:</b> HCF		Submit To SRO-Pune I
<b>i) Unit Name</b> KIDS CLINIC INDIA PVT LTD CLOUDNINE HOSPITAL	<b>ii) Plant Name</b> Kids Clinic India Pvt Ltd Cloudnine Hospital	
<b>Member of CBWTF:</b> Yes		
<b>Type of Health Care Facility</b> Bedded		
<b>1) Particulars</b>		
<b>i) First Name</b> RAVIGANESH	<b>ii) Middle Name</b>	<b>iii) Last Name</b> VENKATARAMAN
<b>iv) Designation</b> CEO	<b>v) Aadhaar No</b> 829537251113	<b>vi) PAN No</b> AFMPR1038Q
<b>vii) Address as per Aadhaar Card</b> 7063, WINDMILLS OF YOUR MIND, EPIP ZONE 5B, WHITEFIELD ROAD, BENGALURU-560066	<b>viii) Tel. No.</b> 9860887950	<b>ix) Fax No.</b>
<b>x) e-mail</b> hanumantagoudab@cloudninecare.com	<b>xi) URL of website</b> <a href="https://www.cloudninecare.com">https://www.cloudninecare.com</a>	
<b>2) Details of the HCF</b>		
<b>i) Name of the HCF</b> KIDS CLINIC INDIA PVT LTD CLOUDNINE HOSPITAL	<b>ii) Email</b> hanumantagoudab@cloudninecare.com	<b>iii) Name of the contact person</b> VARUN BORGAONKAR
<b>iv) Contact No.</b> 9860887950		
<b>3) Address of the HCF</b>		
<b>i) Building Name/Building No./Survey Number</b> HERMES WAVES, S. NO. 212/1B, FINAL PLOT NO 59	<b>ii) Street / Village</b> KALYANINAGAR	<b>iii) City / Taluka</b> HAVELI
<b>iv) District</b> Pune	<b>v) Pin-Code Number</b> 411006	<b>vi) Near by Landmark</b>
<b>vii) Latitude coordinate</b>	<b>viii) Longitude coordinate</b>	<b>ix) Ownership</b> Private
<b>4) Status of Consent and Authorisation under the Bio-Medical Waste (Management and Handling) Rules</b>		
<b>i) Authorization No.</b> MPCB/ROP/BMW-AUTH/1806000333	<b>ii) Authorization validity Date</b> 2020-06-30	
<b>i) Consent Number</b>	<b>ii) Consent validity Date</b>	
<b>5) Total No of Beds (As per valid Authorization)</b>	37	
<b>6) Registration Number (e.g. Bombay Nursing Home reg. no.,MSDC,MBTC)</b>	LCBP/2016/00203	
<b>7) Registration Expiry Date</b>	2022-03-31	
<b>8) Faculty of Medicine</b> 1		

<b>9) Name of the Common Bio-Medical Waste Treatment Facility Operator through which wastes are disposed of</b> M/s. Passco Environmental Solution, PMC			
<b>11) Details of BMW</b>			
<b>i) Authorized BMW Quantity MT/anum (as per valid CCA)</b>			
<b>Yellow</b> 541.8200	<b>Red</b> 224.6200	<b>Blue</b> 71.3700	<b>White</b> 5.8700
<b>ii) Generation of BMW Quantity (kg/day)</b>			
<b>Yellow</b> 17.8100	<b>Red</b> 7.3800	<b>Blue</b> 2.3500	<b>White</b> 0.1900
<b>iii) Quantity of waste generated and disposed in MT/annum (on monthly average basis)</b>			
<b>Yellow</b> 17.8100	<b>Red</b> 7.3800	<b>Blue</b>	<b>White</b> 0.1900
<b>General Solid Waste</b> 2.9500			
<b>12) Details trainings conducted on BMW</b>			
<b>i) Number of trainings conducted on BMW Management.</b> 30			
<b>ii) Number of personnel trained</b> 103			
<b>iii) Number of personnel trained at the time of induction</b> 52			
<b>iv) number of personnel not undergone any training so far</b>			
<b>v) whether standard manual for training is available?</b> Yes			
<b>vi) any other information</b>			
<b>13) Details of the accident occurred during the year</b>			
<b>i) Number of Accidents occurred</b>			
<b>ii) Number of the persons affected</b>			
<b>iii) Remedial Action taken (Please attach details if any)</b> No			
<b>iv) Any Fatality occurred, If yes details.</b> No			
<b>14) Liquid waste generated and treatment methods in place. How many times you have not met the standards in a year?</b> Yes			
<b>15) Is the disinfection method or sterilization meeting the log 4 standards? How many times you have not met the standards in a year?</b> Yes			
<b>Place</b> KALYANINAGAR	<b>Designation</b> CEO	<b>Date</b> 2020-06-20	