

To:

Date: 29-06-2020

The Environmental Officer -  
Karnataka State Pollution control Board  
Regional Office: Yalahanka (Byatarayanapura)  
1<sup>st</sup> Floor Nisarga Bhavana  
Shivanahalli, Rajajinagar  
Bangalore-10

Sir,

*Sub: Submission of BMW Annual returns Statement vide Form -IV for the Year 2018*


With reference to the above subject, please find enclosed copy of the BMW Annual returns Statement furnished for the year 2018 as per Rule 13 of the BMW Act 2019.

Kindly acknowledge of the above and oblige.

Thanking you,

Yours truly

**For Kids Clinic India Pvt Ltd.,**

  
**Authorized Signatory**

Encl: Environmental Audit Statement



**Form - IV**  
**(See rule 13)**  
**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	:	Kids clinic India Pvt Ltd
	(i) Name of the authorised person (occupier or operator of facility)	:	Hemanthgouda
	(ii) Name of HCF or CBMWTF	:	Kids clinic India Pvt Ltd
	(iii) Address for Correspondence	:	4th floor, HRBR Layout, 3rd block, Bangalore - 43
	(iv) Address of Facility	:	—
	(v) Tel. No, Fax. No	:	1866 500 9999
	(vi) E-mail ID	:	hemanthgouda@cloudminecare.com
	(vii) URL of Website	:	www.cloudminecare.com
	(viii) GPS coordinates of HCF or CBMWTF	:	—
	(ix) Ownership of HCF or CBMWTF	:	(State Government or Private or Semi Govt. or any other)
	(x). Status of Authorisation under the Bio-Medical Waste (Management and Handling) Rules	:	Authorisation No.: MMA/3016/17/152... .....valid up to 12.31.2018
	(xi). Status of Consents under Water Act and Air Act	:	Valid up to: NA
2.	Type of Health Care Facility	:	Private
	(i) Bedded Hospital	:	No. of Beds:.....
	(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	:	NA
3.	Details of CBMWTF	:	
	(i) Number healthcare facilities covered by CBMWTF	:	
	(ii) No of beds covered by CBMWTF	:	0
	(iii) Installed treatment and disposal capacity of CBMWTF:	:	_____ Kg per day

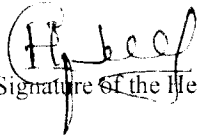
	(iv) Quantity of biomedical waste treated or disposed by CBMWTF :	52 Kg/day																																																
4.	Quantity of waste generated or disposed in Kg per annum (on monthly average basis) :	Yellow Category : 139/annum Red Category : 119/annum White: 126/annum Blue Category : 23/annum General Solid waste: 166/annum																																																
5	Details of the Storage, treatment, transportation, processing and Disposal Facility																																																	
	(i) Details of the on-site storage facility :	Size : 10 x 5 feet Capacity : 30 Kgs container Provision of on-site storage : (cold storage or any other provision)																																																
	(ii) Details of the treatment or 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>0</td> <td></td> <td></td> </tr> <tr> <td>Plasma Pyrolysis</td> <td>0</td> <td></td> <td></td> </tr> <tr> <td>Autoclaves</td> <td>0</td> <td></td> <td></td> </tr> <tr> <td>Microwave</td> <td>0</td> <td></td> <td></td> </tr> <tr> <td>Hydroclave</td> <td>0</td> <td></td> <td></td> </tr> <tr> <td>Shredder</td> <td>0</td> <td></td> <td></td> </tr> <tr> <td>Needle tip cutter or destroyer</td> <td>0</td> <td></td> <td></td> </tr> <tr> <td>Sharps encapsulation or concrete pit</td> <td>0</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>Hypochloride</td> <td></td> </tr> <tr> <td>Any other treatment equipment:</td> <td>0</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	0			Plasma Pyrolysis	0			Autoclaves	0			Microwave	0			Hydroclave	0			Shredder	0			Needle tip cutter or destroyer	0			Sharps encapsulation or concrete pit	0			Deep burial pits:				Chemical disinfection:		Hypochloride		Any other treatment equipment:	0		
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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.) None																																																
	(iv) No of vehicles used for collection and transportation of biomedical waste :	1 Vehicle																																																
	(v) Details of incineration ash and ETP sludge generated and disposed :	<table border="1"> <thead> <tr> <th>Quantity generated</th> <th>Where disposed</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> </tr> </tbody> </table>	Quantity generated	Where disposed																																														
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	during the treatment of wastes in Kg per annum	Incineration --- 877 Ash --- 277 ETP Sludge --- 277
	(vi) Name of the Common Bio-Medical Waste Treatment Facility Operator through which wastes are disposed of	Morich
	(vii) List of member HCF not handed over bio-medical waste.	---
6	Do you have bio-medical waste management committee? If yes, attach minutes of the meetings held during the reporting period	---
7	Details trainings conducted on BMW	Yes
	(i) Number of trainings conducted on BMW Management.	1. Training
	(ii) number of personnel trained	100%
	(iii) number of personnel trained at the time of induction	everyone
	(iv) number of personnel not undergone any training so far	Nil
	(v) whether standard manual for training is available?	Yes
	(vi) any other information)	Nil
8	Details of the accident occurred during the year	Nil
	(i) Number of Accidents occurred	Nil
	(ii) Number of the persons affected	Nil
	(iii) Remedial Action taken (Please attach details if any)	Nil
	(iv) Any Fatality occurred, details.	Nil
9.	Are you meeting the standards of air Pollution from the incinerator? How many times in last year could not met the standards?	Nil
	Details of Continuous online emission monitoring systems installed	Nil
10	Liquid waste generated and treatment methods in place. How many times you have not met the standards in a year?	Nil
11	Is the disinfection method or sterilization meeting the log 4	Nil

	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) nil

Certified that the above report is for the period from

..... January 2019 .....  
 ..... December 2019 .....  
 .....

  
 Name and Signature of the Head of the Institution

Date: 27/06/20  
 Place: Bangladesh

[Hennamantayocda]

