

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)]

Sl. No.	Particulars	
1.	Particulars of the Occupier	:
	(i) Name of the authorised person(occupier or operator of facility)	: Medical Superintendent GMCH Jammu
	(ii) Name of HCF	: Bakshi Nagar Jammu
	(iii) Address for Correspondance	Tel. 0191-2584226
	(iv) Address of facility	
	(v) Tel. No., Fax. No.	0191-2585542
	(vi) E-mail ID	Medicalsuperintendentgmchj@gmail.com
	(vii) URL of Website	Gmcjammu.nic.in
	(viii) GPS coordinates of HCF or CBMWTF	
	(ix) Ownership of HCF or CBMWTF	State Government
	(x) Status of Authorisation under the Bio-Medical Waste(Management and Handling) Rules	Authorisation No.:.....valid upto..... Pending
	(xi) Status of Consents under Water Act and Air Act	Valid up to: Applied for
2.	Type of Health Care Facility	
	(i) Bedded Hospital	No. of beds....1067
	(ii) Non- bedded Hospital (Clinic or Blood Bank or Clinical Labortary or Research Institute or Veterinary Hospital or any other)	N.A.
	(iii) License number and its date of Expiry	
3.	Details of CBMWTF	
	(i) Number health care facilities covered by CBMWTF	
	(ii) No. of beds covered by CBMWTF	1067No
	(iii) Installed treatment and disposal capacity of CBMWTF:	_____ Kg per day
	(iv) Quantity of Biomedical Waste treated or disposed by CBMWTF	_____ Kg per day
4.	Quantity of waste generated or disposed in Kg per annum(on monthly average basis)	Yellow Category: 21039kg/year Red Category: 20813kg/yr. White: 339 kg/yr. Blue Category: 12620kg/yr. General Solid Waste: 674169kg/yr.
5.	Details of the Storage, Treatment , Transportation, processing and Disposal Facility	
	(i) Details of the on-site storage facility	Size: 15'x10'C for in..(B.M. Waste) Capacity: Provision of on-site storage: (cold storage or any other provision)

