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)	:	**Dr MANJUNATH C S**
	(ii) Name of HCF or CBMWTF	:	**BABY SCINECE IVF CLINICS PVT LTD**
	(iii) Address for Correspondence	:	Door No.89/A, Marian Paradise Plaza, 1st and 2nd Floor Bunts Hostel Road, Kodialbail Mangaluru Talluku, Mangaluru, Karnataka 575003
	(iv) Address of Facility		Door No.89/A, Marian Paradise Plaza, 1st and 2nd Floor Bunts Hostel Road, Kodialbail Mangaluru Talluku, Mangaluru, Karnataka 575003
	(v)Tel. No, Fax. No	:	
	(vi) E-mail ID	:	**compliance@birlafertility.com**
	(vii) URL of Website		**www.birlafertility.com**
	(viii) GPS coordinates of HCF or CBMWTF		**12.875262, 74.848317**
	(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. **KSPCB/RO(MNG)/UIN NO.120311375 Reg. No. 184134/21-22/974** .valid up to **LIFETIME**
	(xi). Status of Consents under Water Act and Air Act	:	Valid up to: NA
2.	Type of Health Care Facility	:	
	(i) Bedded Hospital	:	No. of Beds: **10**
	(ii) Non-bedded hospital (Clinic or Blood Bank or Clinical Laboratory or Research Institute or Veterinary Hospital or any other)	:	**FERTILITY CLINIC**
	(iii) License number and its date of expiry		**DKA02808ALHL2 VALID TILL 01.01.2030**
3.	Details of CBMWTF	:	
	(i) Number healthcare facilities covered by CBMWTF	:	NA
	(ii) No of beds covered by CBMWTF	:	NA
	(iii) Installed treatment and disposal capacity of CBMWTF:	:	NA 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 : 6kg Red Category : 2 kg White: 1kg Blue Category : 1kg General Solid waste:5 kg
5	Details of the Storage, treatment, transportation, processing and Disposal Facility		
	(i) Details of the on-site storage facility	:	Size : **TEMPORARY STORAGE** Capacity : Provision of on-site storage : (cold storage or any other provision)
	(ii) Details of the treatment or disposal facilities	:	Type of treatment equipment / No of units / Capacity Kg/day / Quantity treatedor 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:
	(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	:	**OUTSOURCED**
	(v) Details of incineration ash and ETP sludge generated and disposed		Quantity generated / Where disposed

	during the treatment of wastes in Kg per annum		Incineration Ash ETP Sludge
	(vi) Name of the Common Bio-Medical Waste Treatment Facility Operator through which wastes are disposed of	:	**SUSTAINABILITY HEALTHCARE SOLUTION LIMITED**
	(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		NA
7	Details trainings conducted on BMW		
	(i) Number of trainings conducted on BMW Management.		6
	(ii) number of personnel trained		10
	(iii) number of personnel trained at the time of induction		
	(iv) number of personnel not undergone any training so far		00
	(v) whether standard manual for training is available?		YES
	(vi) any other information)		
8	Details of the accident occurred during the year		NIL
	(i) Number of Accidents occurred		
	(ii) Number of the persons affected		
	(iii) Remedial Action taken (Please attach details if any)		
	(iv) Any Fatality occurred, details.		NA
9.	Are you meeting the standards of air Pollution from the incinerator? How many times in last year could not met the standards?		YES
	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		YES

	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
.....1ST JAN 2024 TO 31ST DEC 2024

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Name and Signature of the Head of the Institution

Date: 24.02.2025
Place:- MANGALORE

Baby Science™
IVF Clinics Pvt. Ltd.
No.89/A, Marian Paradise Plaza, 1st and 2nd Floor
Bunts Hostel Road, Kadialbail,
Mangalore - 575003