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)]

Sl. No	Particulars		
1.	Particulars of the Occupier	:	
	(i) Name of the authorised person (occupier or operator of facility)	:	Dr. Vineeth Abraham
	(ii) Name of Health Care Facility		Baby memorial hospital ltd
	(iii) Address for Correspondence		Baby memorial hospital ltd, River view road, Thodupuzha, Idukki,
	(iv) Address of Facility		Baby memorial hospital ltd, River view road, Thodupuzha, Idukki,
	(v)Tel. No, Fax. No		0486250250,
	(vi) E-mail ID		project@bmhthdupuzh.com
	(vii) URL of Website		
	(viii) GPS coordinates of Health Care Facility		
	(ix) Ownership of Health Care Facility		Limited company
	(x). Status of Authorisation under the Bio-Medical Waste (Management and Handling) Rules		Authorisation No.: PCB/HO/IDK/ICO- R/01/2023 Valid upto: 30/06/2028.....
	(xi). Status of Consents under Water Act and Air Act		Valid upto: 30/06/2028
2	Type of Health Care Facility	:	Hospital
	(i) Bedded Hospital	:	No. of Beds: 196

Received on 30/6/26
30/6/26

KERALA STATE POLLUTION CONTROL BOARD
IDUKKI

	(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		Yes
7	Details trainings conducted on BMW		Monthly, Orientation on during Induction & Mandatory trainings
	(i) Number of trainings conducted on BMW Management.		27
	(ii) number of personnel trained		488
	(iii) number of personnel trained at the time of induction		143
	(iv) number of personnel not undergone any training so far		Nil (Induction training is compulsory)
	(v) whether standard manual for		Yes, power point presentation
	training is available?		
	(vi) any other information)		
8	Details of the accident occurred during the year		
	(i) Number of Accidents occurred		Nil
	(ii) Number of the persons affected		
	(iii) Remedial Action taken (Please attach details if any)		
	(iv) Any Fatality occurred, details.		
9	Are you meeting the standards of air Pollution from the incinerator? How many times in last year could not met the standards?		
	Details of Continuous online emission monitoring systems installed		
10	Liquid waste generated and treatment methods in place. How many times you have not met the standards in a year?		STP Available 250 CMD

11	Is the disinfection method or sterilization meeting the log 4 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 January 2025 to 31st December 2025

GM - OPERATIONS
BABY MEMORIAL HOSPITAL
THODUPUZHA

Name and Signature of the Head of the Institution

Date: 23/4/26

Place : Thodupuzha