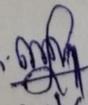


Form - IV (See rule 13)
ANNUAL REPORT

| S.No. | Particulars | | |
|-------|--|---|---|
| 1. | Particulars of the Occupier | : | |
| | (i) Name of the authorised person (occupier or operator of facility) | : | Services coordinatir Action Research & Training for Health (ARTH) Society, Udaipur |
| | (ii) Name of HCF or CBMWTF | : | ARTH Health Center Iswal |
| | (iii) Address for Correspondence | : | Action Research & Training for Health, G1-2, Satyam, Ramgiri, Badgaon, Udaipur Pin:313011 |
| | (iv) Address of Facility | : | ARTH Health Center, Near BSNL Tower, Iswal, THE: Badgaon, Udaipur Pin: 313011 |
| | (v) Tel. No, Fax. No | : | 91-294-2980075 |
| | (vi) E-mail ID | : | arth@arth.in |
| | (vii) URL of Website | : | https://www.arth.in/ |
| | (viii) GPS coordinates of HCF or CBMWTF | : | 24.72875653145637, 73.6230828687926 |
| | (ix) Ownership of HCF or CBMWTF | : | Private |
| | (x). Status of Authorisation under the Bio-Medical Waste (Management and Handling) Rules | : | Authorization No.: BMW/2022-2023/Udaipur/BMW/5 valid up to: Life time |
| | (xi). Status of Consents under Water Act and Air Act | : | Valid up to: 28/2/27 |
| 2. | Type of Health Care Facility | : | Hospital |
| | (i) Bedded Hospital | : | No. of Beds:3 |
| | (ii) Non-bedded hospital (Clinic or Blood Bank or Clinical Laboratory or Research Institute or Veterinary Hospital or any other) | : | NA |
| | (iii) License number and its date of expiry | : | |
| 3. | Details of CBMWTF | : | NA |
| | (i) Number healthcare facilities covered by CBMWTF | : | NA |
| | (ii) No of beds covered by CBMWTF | : | NA |
| | (iii) Installed treatment and disposal capacity of CBMWTF: | : | _____ Kg per day |

| | | | |
|----|---|---|--|
| 4. | Quantity of waste generated or disposed in Kg per annum (on monthly average basis) | : | Yellow Category: 8.58kg |
| | | | Red Category: 0.55kg |
| | | | White: 0.30 kg |
| | | | Blue Category: 1.41 kg |
| 5. | (vi) Name of the Common Bio- Medical Waste Treatment Facility Operator through which wastes are disposed of | : | En-vision enviro engineers Pvt. Ltd. 128/103, 1 st floor, Smrudhi Complex, Reti Stand, Udaipur, Rajasthan |

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| | | | |
|----|---|---|------|
| | (vii) List of member HCF not handed over bio-medical waste. | | None |
| 6 | Do you have bio-medical waste management committee? If yes, attach minutes of the meetings held during the reporting period | | No |
| 7 | Details trainings conducted on BMW | | |
| | (i) Number of trainings conducted on BMW Management. | | 2 |
| | (ii) number of personnel trained | | 6 |
| | (iii) number of personnel trained at the time of induction | | 0 |
| | (iv) number of personnel not undergone any training so far | | 0 |
| | (v) whether standard manual for training is available? | | Yes |
| | (vi) any other information) | | |
| 8 | Details of the accident occurred during the year | | |
| | (i) Number of Accidents occurred | | 0 |
| | (ii) Number of the persons affected | | 0 |
| | (iii) Remedial Action taken (Please attach details if any) | | NA |
| | (iv) Any Fatality occurred, details. | | No |
| 9. | Are you meeting the standards of air Pollution from the incinerator? How many times in last year could not met the standards? | | NA |
| 10 | Liquid waste generated and treatment methods in place. How many times you have not met the standards in a year? | | 0 |
| 11 | Is the disinfection method or sterilization meeting the log 4 standards? How many times you have not met the standards in a year? | | 0 |
| 12 | Any other relevant information | : | NA |

Certified that the above report is for the period from: **Jan to Dec 2024**

Name and Signature of the Head of the Institution

Date: 27/6/25

Place: Udaipur

M. S. Singh
27/6/25

