

Form - IV (See rule 13)

[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	:	
	(i) Name of the authorized person (occupier)	:	DR .PRASANNAKUMARI K
	(ii) Name of HCF or CBMWTF	:	TALUK HEAD QUARTERS HOSPITAL FORTKOCHI
	(iii) Address for Correspondence	:	TM MUHAMMED ROAD FORTKOCHI (PO) PIN : 682001
	(iv) Address of Facility	:	TM MUHAMMED ROAD FORTKOCHI (PO) PIN : 682001
	(v) Tel. No, Fax. No	:	0484-2216444
	(vi) E-mail ID	:	thqhkochi@gmail.com
	(vii) URL of Website	:	
	(viii) GPS coordinates of	:	
	(ix) Ownership of HCF or	:	(State Government or Private or Semi Govt. SATE GOVERNMENT
	(x). Status of	:	Authorisation No.: 0242
	(xi). Status of Consents	:	Valid upto: TILL 12 JUNE 2026
2	Type of Health Care	:	
	(i) Bedded Hospital	:	No. of Beds: 240
	(ii) Non-bedded hospital	:	

KERALA ENVIRO INFRASTRUCTURE LTD , CBWTF, INSIDE FACTORY
 CAMPUS, AMBALAMEDU, KOCHI-682303, KERALA PH. 0484-
 2722241,341
 CIN: 424129KL2005PLCO17973, .
 MAIL ; keilbiomedicals@gmail.com

3	Details of CBMWTF	:			
	(i) Number of health care facilities covered by CBMWTF	:	1054		
	(ii) No. of Beds covered by CBMWTF	:	20161		
	(iii) Installed treatment	:	16000 Kg / day		
	(iv) Quantity of bio	:	7500 Kg / day		
4	Quantity of waste generated or disposed in Kg per Annum (on monthly average basis)	:	Yellow Category: 4215.31		
		:	Red Category: 5394.13		
		:	White:261.68		
		:	Blue Category:1484.16		
		:	General Solid Waste:		
5	Details of the Storage, Treatment, Transportation, Processing and Disposal Facility				
	(i) Details of the on-site Facility	:	Size:		
			Capacity:		
			Provision of on-site storage : (Cold storage or		
	(ii) Disposal facilities		Type of treatment equipment	No of Units	Treated or dispose d
			Incinerators		
			Plasma Pyrolysis		
			Autoclaves		
			Microwave		
			Hydroclave		
			Shredder		
			Needle tip cutter or destroyer		
			Sharps		
			Encapsulati on or concrete		
			Deep burial pits		
			Chemical disinfection:		
			Any other treatment equipment:		
		(iii) Quantity of	:	Red Category (like plastic, glass, etc.)	
	(iv) No. of Vehicles	:			

<p>(v) Details of incineration ash and ETP sludge generated and disposed during the treatment of wastes in Kg per annum</p>	<p>Incineration</p>	<p>Where disposed</p>
	<p>Ash</p>	
	<p>ETP Sludge</p>	
<p>(vi) Name of the</p>		
<p>(vii) List of member</p>		
<p>(vii) List of member</p>		
<p>6 "Do you have bio-medical</p>		
<p>7 Details trainings</p>		
<p>(i)</p>		
<p>(ii)</p>		
<p>(iii)</p>		
<p>(iv)</p>		
<p>(v)</p>		

9	Are you meeting the		
	Details of Continuous		
10	Liquid waste generated		
11	Is the disinfection		
12	Any other relevant information		(Air Pollution Control Devices attached with the Incinerator)

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Name and Signature of the Head of the Institution

Date:	Vaid from July 2024 to	DR. PRASANN KUMARI, IC
	June 2025	
Place:	PORT KENCHI	SUPERINTENDENT

Handwritten signature

സൂപ്രണ്ട്
 യാലൂക്ക് ആസ്ഥാന ആശുപത്രി
 ഫോർട്ട് കൊച്ചി

