



DT: 24 / 03 / 2025

To

The Executive Engineer

AP Pollution Control Board

Vijayawada

Bio medical waste Annual Report for the year 2024: in respect of Dr Ramesh

Cardiac and Multispecialty Hospital Private limited, Opp. Indira Gandhi

Municipal Stadium, M G Road, Labbipet, Vijayawada, NTR District, Andhra

Pradesh Pin code 520010

Sir,

With reference to the above to Dr Ramesh Cardiac and Multispecialty Hospital private limited, Vijayawada is supposed to submit Bio Medical Waste Management annual report for the year ending, December 2024 as per provisions of the act. Therefore, we request you to receive the endorsed report and acknowledge the same.

Thanking you

Yours Sincerely

Cluster Chief Operating Officer

Mr. ANANDAN JAYARAMAN CLUSTER-COO (Non-Clinical) RAMESH HOSPITALS



Email: info@rameshhospitals.com

## Form - IV (See rule 13)

## **ANNUAL REPORT**

(Ramesh Hospitals MG Road for year 2024)

[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)]

| 1.   | Particulars of the Occupier                                                                  |                                                                                              |                                                                                                                                                                                             |  |
|------|----------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
|      | i)                                                                                           | Name of the authorised person (occupier or : operator of facility) -                         | Dr Ramesh Cardiac and Multispecialty Hospital Private limited                                                                                                                               |  |
|      | (ii)                                                                                         | Name Of HCF                                                                                  | Dr Ramesh Cardiac and Multispecialty Hospital private<br>Limited                                                                                                                            |  |
|      | (iii)                                                                                        | Address for<br>Correspondence                                                                | Dr Ramesh Cardiac and Multispecialty Hospital Private<br>limited, Opp. Indira Gandhi Municipal Stadium , M G<br>Road, Labbipet, Vijayawada, NTR District, Andhra<br>Pradesh pin code 520010 |  |
|      |                                                                                              |                                                                                              | E mail Anandan.jayaraman@rameshhsospitals.com                                                                                                                                               |  |
|      | (iv)                                                                                         | Address of Facility                                                                          | Dr Ramesh Cardiac and Multispecialty Hospital Private<br>limited, Opp. Indira Gandhi Municipal Stadium , M G<br>Road, Labbipet, Vijayawada, NTR District Andhra<br>Pradesh pin code 520010  |  |
|      | (v)                                                                                          | Tel. No, Fax. No                                                                             | 8886649915, 086323 77777                                                                                                                                                                    |  |
|      | (vi)                                                                                         | E-mail ID                                                                                    | info@rameshhospitals.com                                                                                                                                                                    |  |
|      |                                                                                              |                                                                                              | anandan.jayaraman@rameshhospitals.com                                                                                                                                                       |  |
|      | (vii)                                                                                        | URL of Website                                                                               | rameshhospitals.com                                                                                                                                                                         |  |
|      | (viii)                                                                                       | GPS coordinates of HCF or CBMWTF                                                             | 16.5028 N, 80.6389 E                                                                                                                                                                        |  |
|      | (ix)                                                                                         | Ownership of HCF or CBMWTF                                                                   | Private                                                                                                                                                                                     |  |
|      | (x)                                                                                          | Status of Authorisation<br>under the Bio-Medical<br>Waste (Management<br>and Handling) Rules | Kr-452/APPCB/ZO-VJA/CFO/W & A/2022 Dated 29-<br>04-2022 Valid Up to 31.3.2027                                                                                                               |  |
|      | XI                                                                                           | Status of Consents under<br>Water Act and Air Act                                            | NA                                                                                                                                                                                          |  |
| 2    | Type of Health Care Facility                                                                 |                                                                                              | Multi-speciality Hospital                                                                                                                                                                   |  |
| (i)  | Bedded Hospital                                                                              |                                                                                              | 50                                                                                                                                                                                          |  |
| (ii) | Non-bedded hospital (Clinic or<br>Blood Bank or Clinical<br>Laboratory or Research Institute |                                                                                              | NA Cautumanut                                                                                                                                                                               |  |

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|        | or Veterinary Hospital or any other)                                                |                                                                     | ,                   |                                                |  |
|--------|-------------------------------------------------------------------------------------|---------------------------------------------------------------------|---------------------|------------------------------------------------|--|
| (iii)  | License number and its date of expiry                                               | NA                                                                  |                     |                                                |  |
| 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                                 |                                                                     | _                   |                                                |  |
| (iv)   | Quantity of biomedical waste treated or disposed by CBMWTF                          | NA                                                                  |                     |                                                |  |
| 4.     | Quantity of waste generated or disposed in Kg per: annum (on monthly average basis) |                                                                     |                     |                                                |  |
| (i)    | (State Government or Private or<br>Semi Govt. or any other)<br>Authorisation No     | Kr-452/APPCB/ZO-VJA/CFO/W & A/2022 Dated 29-<br>04-2022             |                     |                                                |  |
| (ii)   | No. of Beds                                                                         | 50                                                                  |                     |                                                |  |
| (iii)  | Valid up to                                                                         | 31.3.2027                                                           |                     |                                                |  |
|        |                                                                                     | Kg per Month (on monthly average basis)                             |                     |                                                |  |
| (iv)   | Yellow Category                                                                     | 232.17                                                              |                     |                                                |  |
| (v)    | Red Category                                                                        | 201.30                                                              |                     |                                                |  |
| (vi)   | White                                                                               | 9.165                                                               |                     |                                                |  |
| (vii)  | Blue Category                                                                       | 58.625                                                              |                     |                                                |  |
| (viii) | General Solid waste                                                                 | -                                                                   |                     |                                                |  |
| 5      | Details of the Storage, treatment                                                   | t, transportation, pro                                              | cessing and         | Disposal Facility                              |  |
| (i)    | Details of the on-site storage                                                      | Facility Size                                                       |                     | Nil                                            |  |
| 1.7    |                                                                                     | Capacity                                                            |                     | Nil                                            |  |
|        |                                                                                     | Provision of on-site storage: (cold storage or any other provision) |                     | Nil                                            |  |
|        | Disposal facilities                                                                 | NIL                                                                 |                     |                                                |  |
| (ii)   | Type of treatment equipment                                                         | No of unit                                                          | Capacity<br>Kg/ day | Quantity treated<br>disposed in Kg pe<br>annum |  |
|        | Incinerators                                                                        |                                                                     |                     |                                                |  |
|        | Plasma Pyrolysis                                                                    |                                                                     |                     |                                                |  |
|        | Autoclaves                                                                          |                                                                     |                     |                                                |  |
|        | Microwave                                                                           |                                                                     |                     |                                                |  |
|        | Hydroclave                                                                          | NA                                                                  | NA                  | NA                                             |  |
|        | Shredder                                                                            | INA.                                                                | l NA                | 13/4                                           |  |
|        | Needle tip cutter or                                                                |                                                                     |                     |                                                |  |
|        | Destroyer                                                                           |                                                                     | -                   |                                                |  |
|        | Sharps encapsulation or                                                             | P                                                                   | and                 |                                                |  |
|        | Concrete pit                                                                        | ( Carmen                                                            | VANI TAVAT          | A NAVA NA                                      |  |

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|                                   | Deep burial pits:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                    |               | •                 |
|-----------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------|---------------|-------------------|
|                                   | Chemical disinfection:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                    |               |                   |
|                                   | The state of the s |                                                    |               |                   |
| (iii)                             | Any other treatment equipment                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                    |               |                   |
| (111)                             | Quantity of recyclable wastes                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Red Category (                                     | -             | -                 |
|                                   | sold to authorized recyclers                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | like plastic, glass                                |               |                   |
| (iv)                              | after treatment in kg per annum                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ,etc)                                              |               | 1                 |
| (10)                              | No of vehicles used for                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                    |               |                   |
|                                   | collection and transportation of biomedical waste                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                    |               |                   |
|                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                    | -             |                   |
|                                   | Red Category (like plastic, glass etc.)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                    |               |                   |
| (v)                               | Details of incineration ash and                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                    |               |                   |
| ( )                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Incineration                                       | Quantity      | Where disposed    |
|                                   | ETP sludge generated and                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Ash                                                | generated     | 187               |
|                                   | disposed during the treatment                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | ETP Sludge                                         |               |                   |
| (vi)                              | of wastes in Kg per annum                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                    |               |                   |
| (VI)                              | Name of the Common Bio-                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                    |               |                   |
|                                   | Medical Waste Treatment                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                    | _             |                   |
|                                   | Facility Operator through which                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                    |               |                   |
| (vii)                             | wastes are disposed of                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                    |               | <i>B</i>          |
| (VII)                             | List of members HCF not                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                    | _             |                   |
| 6                                 | handed over bio-medical waste.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                    |               |                   |
| 0                                 | Do you have bio-medical waste                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | We have Hospital Infection Control Committee. In   |               |                   |
|                                   | management committee? If                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | that committee med                                 | eting we disc | uss compliance of |
|                                   | yes, attach minutes of the                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | segregation and proper disposal of infectious      |               |                   |
|                                   | meetings held during the                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | waste                                              |               |                   |
| 7                                 | Potails trainings and total                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                    |               |                   |
| (i)                               | Details trainings conducted on BI                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                    |               |                   |
| (')                               | Number of trainings conducted                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Every employee trained during joining as Induction |               |                   |
| (ii)                              | on BMW Management                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Training                                           |               |                   |
| (iii)                             | Number of personnel trained                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | All                                                |               |                   |
| (111)                             | Number of personnel trained at                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | All                                                |               |                   |
| (iv.)                             | the time of induction                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                    |               |                   |
| (iv)                              | Number of personnel not                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Nil                                                |               |                   |
|                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                    |               |                   |
| ()                                | undergone any training so far                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                    |               |                   |
| (v)                               | Whether standard manual for                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Yes                                                |               |                   |
|                                   | Whether standard manual for training is available?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | **************************************             |               |                   |
| (vi)                              | Whether standard manual for training is available? any other information)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Nil                                                |               |                   |
| (vi)<br>8                         | Whether standard manual for training is available? any other information)  Details of the accident occurred of                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Nil<br>during the year                             |               |                   |
| (vi)<br>8<br>(i)                  | Whether standard manual for training is available? any other information)  Details of the accident occurred of Number of Accidents occurred                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Nil<br>during the year<br>Nil                      |               |                   |
| (vi)<br>8<br>(i)                  | Whether standard manual for training is available? any other information)  Details of the accident occurred of Number of Accidents occurred  Number of the persons affected                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Nil<br>during the year<br>Nil<br>NA                |               |                   |
| (vi)<br>8<br>(i)                  | Whether standard manual for training is available? any other information)  Details of the accident occurred of the persons affected Remedial Action taken (Please                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Nil<br>during the year<br>Nil                      |               |                   |
| (vi)<br>8<br>(i)<br>(ii)<br>(iii) | Whether standard manual for training is available? any other information)  Details of the accident occurred of the persons affected Remedial Action taken (Please attach details if any)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Nil<br>during the year<br>Nil<br>NA<br>Nil         |               |                   |
| (vi)<br>8<br>(i)<br>(ii)<br>(iii) | Whether standard manual for training is available? any other information)  Details of the accident occurred of the persons affected Remedial Action taken (Please attach details if any)  Any Fatality occurred, details.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Nil<br>during the year<br>Nil<br>NA<br>Nil         |               |                   |
| (vi)<br>8<br>(i)<br>(ii)<br>(iii) | Whether standard manual for training is available? any other information)  Details of the accident occurred of the persons affected Remedial Action taken (Please attach details if any)  Any Fatality occurred, details.  Are you meeting the standards                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Nil Auring the year Nil NA Nil Nil                 |               |                   |
| (vi)<br>8<br>(i)<br>(ii)<br>(iii) | Whether standard manual for training is available? any other information)  Details of the accident occurred of the persons affected Remedial Action taken (Please attach details if any)  Any Fatality occurred, details.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Nil<br>during the year<br>Nil<br>NA<br>Nil         | 9             |                   |

M. AMANDAN JAYARAMAN CLUSTER-COO (Non-Clinical) RAMESH HOSPITALS

|     | last year could not met the standards?                                                                                | Nil                                                           |  |  |
|-----|-----------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------|--|--|
| (i) | Details of Continuous online emission monitoring systems installed                                                    | Connected to CPCB                                             |  |  |
| 10  | Liquid waste generated and treatment methods in place. How many times you have not                                    | Sewage Treatment Plant  Always meet the standard              |  |  |
| 11  | met the standards in a year?  Is the disinfection method or sterilization meeting the log 4 standards? How many times | Yes                                                           |  |  |
|     | you have not met the standards in a year?                                                                             | Always meet the standard                                      |  |  |
| 12  | Any other relevant information :                                                                                      | (Air Pollution Control Devices attached with the Incinerator) |  |  |

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

Name and Signature of the Head of the Institution

Date: 24/03/25

Place: Vijayawada.

Mr. ANANDAN JAYARAMAN CLUSTER-COO (Non-Clinical) RAMESH HOSPITALS