

To:

Date: 12-02-2025

**The Regional Officer,**

Karnataka state Pollution Control Board,

Nisarga Bhavan, Thirumala Main Road,

7<sup>th</sup> D Main, 3<sup>rd</sup> Stage 2<sup>nd</sup> Block,

Shivanagar Basaveshwaranagar,

Bangalore-560079.

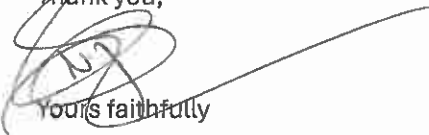
Sir,

Sub: Submission of annual report (form IV) for the year **Jan. 2024- Dec.2024** under  
Biomedical Waste Management and Handling Rules.

With reference to the above subject, I herewith submitting details of Form-IV (under Biomedical Waste Management and Handling Rules; annual returns) disposed of KSPCB authorized agency, for the year Jan. 2024- Dec.2024 of our unit having address **Aster RV Hospital, CA-37,24<sup>th</sup> Main road, I.T.I Layout, 1<sup>st</sup> Phase, J.P Nagar, Bengaluru, Karnataka 560078**

Please update your records and acknowledge the same.

Thank you,

  
Yours faithfully

**Dr.Prashanth.N**

**CEO, Aster RV Hospital.**

Enclosures:

1. Form-IV – Annual Returns under Biomedical Waste Management Rules for the year Jan. 2024- Dec.2024
2. Annexure – Details of Biomedical Waste Generated and Disposed to KSPCB Authorized Agencies for Jan. 2024- Dec.2024
3. Manifest of Biomedical Waste Disposed to KSPCB Authorized agency.
4. Biomedical Waste Management Authorization.
5. Details of Accident
6. MOM of Biomedical Waste Management committee

Form – IV  
(See rule13)  
ANNUAL REPORT

| Sl. No | Particulars                                                                              |                                                                                                                                                                        |
|--------|------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1 .    | Particulars of the Occupier                                                              | Aster RV Hospital                                                                                                                                                      |
|        | (i) Name of the authorized Occupier :                                                    | Dr. Prashanth.N,<br>CEO – Aster RV Hospital                                                                                                                            |
|        | (ii) Name of Facility :                                                                  | Aster RV Hospital – Health Care Establishment                                                                                                                          |
|        | (iii) Address for Correspondence :                                                       | Aster RV Hospital, CA-37, 24th Main Rd, ITI Layout, 1st Phase, J. P. Nagar, Bengaluru, Karnataka 560078                                                                |
|        | (iv) Address of Facility :                                                               | Aster RV Hospital, CA-37, 24th Main Rd, ITI Layout, 1st Phase, J. P. Nagar, Bengaluru, Karnataka 560078                                                                |
|        | (v) Tel. No, Fax. No                                                                     | 080660 40400                                                                                                                                                           |
|        | (vi) E-mail ID                                                                           | mrudula.n@asterhospital.in                                                                                                                                             |
|        | (vii) URL of Website                                                                     | <a href="http://www.asterhospital.in">www.asterhospital.in</a>                                                                                                         |
|        | (viii) GPS coordinates of HCF                                                            | <b>North by 9<sup>th</sup> cross road, South by RV Dental college, Est by 24<sup>th</sup> Man road, West by Hotel Pakashala</b><br><br><b>12°54'38.9"N77°35'07.4"E</b> |
|        | (ix) Ownership of HCF                                                                    | Aster RV hospital                                                                                                                                                      |
|        | (x). Status of Authorisation under the Bio-Medical Waste (Management and Handling) Rules | Active the authorisation is valid up to 30/06/2028                                                                                                                     |

|    |                                                                                                         |                                                                                                                                                            |             |                 |                                       |
|----|---------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|-----------------|---------------------------------------|
|    | (xi). Status of Consents under Water Act and Air act                                                    | Active the authorisation is valid up to 30/06/2028                                                                                                         |             |                 |                                       |
| 2. | Type of Health Care Facility                                                                            |                                                                                                                                                            |             |                 |                                       |
|    | (i) Bedded Hospital                                                                                     | 200 bedded, along with Blood bank and Laboratory                                                                                                           |             |                 |                                       |
|    | (ii) Non-bedded hospital                                                                                |                                                                                                                                                            |             |                 |                                       |
|    | (Clinic or Blood Bank or Clinical Laboratory or Research Institute or Veterinary Hospital or any other) | NA                                                                                                                                                         |             |                 |                                       |
|    | (iii) License number and its date of expiry                                                             | 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                                               | NA                                                                                                                                                         |             |                 |                                       |
|    | (iv) Quantity of biomedical waste treated or disposed by CBMWTF                                         | NA                                                                                                                                                         |             |                 |                                       |
| 4. | Quantity of waste generated in Kg per annum (on monthly average basis)                                  | Yellow category: 53280.61 Kg per Annum                                                                                                                     |             |                 |                                       |
|    |                                                                                                         | Red category: 44997.81 Kg per Annum                                                                                                                        |             |                 |                                       |
|    |                                                                                                         | White category: 1399.11 Kg per Annum                                                                                                                       |             |                 |                                       |
|    |                                                                                                         | Blue category: 6101.36 Kg per Annum                                                                                                                        |             |                 |                                       |
|    |                                                                                                         | General Solid waste: 62343 Kg per Annum                                                                                                                    |             |                 |                                       |
| 5. | (i) Details of the onsite storage facility disposal facility                                            |                                                                                                                                                            |             |                 |                                       |
|    |                                                                                                         | Size: 500 Sq.ft                                                                                                                                            |             |                 |                                       |
|    |                                                                                                         | Capacity:1000 kg per day storage                                                                                                                           |             |                 |                                       |
|    |                                                                                                         | Provision of onsite storage: ( cold storage or any other provision) – well ventilated , dedicated storage rooms based on their categories in our facility. |             |                 |                                       |
|    |                                                                                                         | Type of treatment equipment                                                                                                                                | No of units | Capacity Kg/day | Quantity Treated or disposed kg/annum |

|  |                                                                                                                      |                                                                                                                                                                                                                                                                                                       |                                                                                |                                                                                |                                                                                |
|--|----------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------|--------------------------------------------------------------------------------|--------------------------------------------------------------------------------|
|  |                                                                                                                      | Incinerators<br>plasma pyrolysis<br>Autoclaves<br><br>Microwave<br><br>Hydroclave<br><br>Shredder<br><br>Needle Tip<br><br>Cutter or<br>Destroyer sharp<br><br>Encapsulation<br><br>Or concrete pit<br>deep burial pits<br><br>Chemical<br>disinfection :<br><br>Any other<br>treatment<br>equipment: | NA<br><br><br><br>NA<br><br><br><br><br><br><br>NA<br><br><br>NA<br><br><br>NA | NA<br><br><br><br>NA<br><br><br><br><br><br><br>NA<br><br><br>NA<br><br><br>NA | NA<br><br><br><br>NA<br><br><br><br><br><br><br>NA<br><br><br>NA<br><br><br>NA |
|  | (iii) Quantity of recyclable wastes sold to authorized recyclers after treatment in kg per annum                     | Red category (like plastic, glass etc.)<br><br>NA                                                                                                                                                                                                                                                     |                                                                                |                                                                                |                                                                                |
|  | (iv) No of vehicles used for collection and transportation of biomedical waste                                       | NA                                                                                                                                                                                                                                                                                                    |                                                                                |                                                                                |                                                                                |
|  | (v) Details of incineration ash and ETP sludge generated and disposed during the treatment of wastes in Kg per annum | <p style="text-align: center;">Quantity generated / Disposed</p> <p>Incineration                      NA</p> <p>Ash                                      NA</p> <p>ETP Sludge                      NA</p>                                                                                             |                                                                                |                                                                                |                                                                                |
|  | (vi) Name of the Common Bio-Medical Waste Treatment Facility                                                         | M/s. Maridi Eco Industries Pvt. Ltd, #5, 2nd floor, CM plaza, No.71, 8th cross, 1st main, SR nagar, Bengaluru - 560027                                                                                                                                                                                |                                                                                |                                                                                |                                                                                |

|     |                                                                                                                               |                                                                                              |
|-----|-------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
|     | Operator through which wastes are disposed of                                                                                 |                                                                                              |
|     | (vii) List of member HCF not handed over bio-medical waste.                                                                   | NA                                                                                           |
| 6   | Do you have bio-medical waste management committee? If yes, attach minutes of the meetings held during the reporting period   | No                                                                                           |
| 7   | Details training conducted on BMW                                                                                             |                                                                                              |
|     | (i) Number of trainings conducted on BMW Management.                                                                          | 7 nos                                                                                        |
|     | (ii) number of personnel trained                                                                                              | 189                                                                                          |
|     | (iii) number of personnel trained at the time of induction                                                                    | Every new member joined will be inducted                                                     |
|     | (iv) number of personnel not undergone any training so far                                                                    | Nil, we shall train the personnel before handling Bio medical waste and other general waste. |
|     | (v) Whether standard manual for training is available?                                                                        | Yes                                                                                          |
|     | (vi) any other information                                                                                                    | Nil                                                                                          |
| 8   | Details of the accident occurred during the year                                                                              | NA                                                                                           |
|     | (i) Number of Accidents occurred                                                                                              | 1- Needle stick injury                                                                       |
|     | (ii) Number of the persons affected                                                                                           | 1                                                                                            |
|     | (iii) Remedial Action taken (Please attach details if any)                                                                    | Necessary Serology test conducted                                                            |
|     | (iv) Any Fatality occurred, details.                                                                                          | NIL                                                                                          |
| 9   | Are you meeting the standards of air Pollution from the incinerator? How many times in last year could not met the standards? | NA                                                                                           |
|     | Details of Continuous online emission monitoring systems installed                                                            | NA                                                                                           |
| 10. | Liquid waste generated and treatment methods in place. How many times                                                         | Yes , we have a separate line and collection tank for liquid bio medical waste at STP area,  |

|     |                                                                                                                                   |                                                                |
|-----|-----------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------|
|     | you have not met the standards in a year?                                                                                         | which is treated as per norms and treated using SBR technique. |
| 11. | Is the disinfection method or sterilization meeting the log 4 standards? How many times you have not met the standards in a year? | Yes                                                            |
| 12. | Any other relevant information                                                                                                    | : NA                                                           |

Certified that the above report is for the period from 1<sup>st</sup> January 2024 to 31<sup>st</sup> December 2024.

Date: 12.02.2025,

Place: Bengaluru.



**Form III -[Rule10]**  
**Authorisation for Bio-Medical**  
**Waste Management Rules, 2016**

**Karnataka State Pollution Control Board**  
**"Parisara Bhavana", No.49, Church**  
**Street,Bengaluru-560001**  
**Tele : 080-25589112/3, 25581383**  
**Fax:080-25586321**  
**Email: ho@kspcb.gov.in**

**Authorization type: CBMWTF**  
**Authorization No : 344827**  
**Valid upto: 30-06-2028**

(This document contains 1 pages excluding additional conditions)

PCB ID: 22749

INW ID: 213303

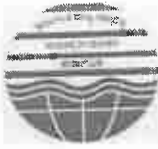
Date :21/08/2024

**AUTHORIZATION FOR HEALTH CARE FACILITY FOR COLLECTION, GENERATION,**  
**TRANSPORTATION, TREATMENT OR PROCESSING OR CONVERSION, DISPOSAL OR**  
**DESTRUCTION USE OFFERING FOR SALE, TRANSFER OF BIOMEDICAL WASTES**

Ref: 1. Authorization application submitted by the CBMWTF on 18-11-2023 at Regional Office.  
2. Inspection of the project site/organization by Regional Officer, Ramanagar on 03-06-2024

1. Authorization number and date of issue 344827 and 21-08-2024
2. M/s. Vinaya Kumar PC an occupier or operator of the hospital located at Gabbadi Village, Kanakapura Road is hereby granted an authorization for Activity : Collection, Transportation, Treatment, Disposal
3. M/s. Maridi Bio Industries Private Limited is hereby authorized for handling of biomedical waste as per the capacity given below
  - i. Number healthcare facilities covered by CBMWTF: 4750
  - ii. Installed treatment and disposal capacity: 18000.000 Kg per day
  - iii. Area or distance covered by CBMWTF : 100.000
  - iv. Quantity of Biomedical waste handled, treated or disposed:

| Category            | Type of Waste                                                               | Quantity generated or collected, kg/day | Method of treatment & disposal                   |
|---------------------|-----------------------------------------------------------------------------|-----------------------------------------|--------------------------------------------------|
| Yellow              | Human Anatomical Waste                                                      | 6336.000                                | Incineration                                     |
|                     | Animal Anatomical Waste                                                     | 1056.000                                | Incineration                                     |
|                     | Soiled Waste                                                                | 2496.000                                | Incineration                                     |
|                     | Expired or Discarded Medicines                                              | 72.000                                  | Incineration                                     |
|                     | Chemical Solid Waste                                                        | 24.000                                  | Incineration                                     |
|                     | Chemical Liquid Waste                                                       | 0.000                                   | To be Treated and Disposed as per BMW rules 2016 |
|                     | Discarded linen, mattresses, beddings contaminated with blood or body fluid | 24.000                                  | Incineration                                     |
|                     | Microbiology, Biotechnology & other clinical laboratory Waste               | 672.000                                 | Incineration                                     |
| Red                 | Contaminated Waste (Recyclable)                                             | 3000.000                                | Autoclaving                                      |
| White (Translucent) | Waste sharps including Metals                                               | 750.000                                 | Autoclaving                                      |
| Blue                | Glassware                                                                   | 1750.000                                | Disinfection and sent for recycling              |
|                     | Metallic Body Implants                                                      | 500.000                                 | Disinfection and sent for recycling              |

**Form III -[Rule10]****Authorisation for Bio-Medical  
Waste Management Rules, 2016**

**Karnataka State Pollution Control Board**  
**"Parisara Bhavana", No.49, Church**  
**Street,Bengaluru-560001**  
**Tele : 080-25589112/3, 25581383**  
**Fax:080-25586321**  
**Email: ho@kspcb.gov.in**

**Authorization type: CBMWTF**  
**Authorization No : 344827**  
**Valid upto: 30-06-2028**

(This document contains 3 pages excluding additional conditions)

18. Applicant shall ensure occupational safety of all its health care workers and others involved in handling of biomedical waste by providing appropriate and adequate personal protective equipments;
19. Applicant shall conduct health check up at the time of induction and at least once in a year for all its health care workers and others involved in handling of bio- medical waste and maintain the records for the same;
20. Applicant shall maintain and update on day to day basis the bio-medical waste management register and display the monthly record on its website according to the bio-medical waste generated in terms of category and colour coding as specified in Schedule I the Bio-Medical Waste Management Rules, 2016;
21. Applicant shall report major accidents including accidents caused by fire hazards, blasts during handling of biomedical waste and the remedial action taken and the records relevant thereto, (including nil report) in Form I to the prescribed authority and also along with the annual report;
22. Applicant shall make available the annual report on their web-site and all the health care facilities
23. Applicant shall inform the prescribed authority immediately in case the operator of a facility does not collect the bio-medical waste within the intended time or as per the agreed time;
24. Applicant shall establish a system to review and monitor the activities related to bio-medical waste management, either through an existing committee or by forming a new committee and the Committee shall meet once in every six months and the record of the minutes of the meetings of this committee shall be submitted along with the annual report to the prescribed authority and the healthcare establishments having less than thirty beds shall designate a qualified person to review and monitor the activities relating to bio-medical waste management within that establishment and submit the annual report;
25. Applicant shall maintain all record for disposal of biomedical waste for a period of five years;
26. The applicant shall immediately adopt bar coding system for Bio medical waste
27. The applicant shall update COVID Bio Medical Waste data in CPCB tracking software at [bmw.cpcbcr.com/#/p/login](http://bmw.cpcbcr.com/#/p/login).

**B. Specific instruction:****Additional Conditions:**

1)This authorization is issued after prior approval of Member Secretary for the period upto 30.06.2028 with conditions.2)The Occupier shall comply with all the conditions prescribed in the ANNEXURES attached herewith and submit compliance.

**FOR AND ON BEHALF OF  
KARNATAKA POLLUTION CONTROL BOARD**

**CHIEF/ SENIOR ENVIRONMENTAL OFFICER**

**COPY TO:**

1. The Environmental Officer, KSPCB, Regional Office, Ramanagar for information and to inspect the HCF during your next visit to the area.
2. Master copy (Dispatch).
3. Office copy.





**Form III -[Rule10]**  
**Authorisation for Bio-Medical**  
**Waste Management Rules, 2016**

**Karnataka State Pollution Control Board**  
**"Parisara Bhavana", No.49, Church**  
**Street,Bengaluru-560001**  
**Tele : 080-25589112/3, 25581383**  
**Fax:080-25586321**  
**Email: ho@kspcb.gov.in**

**Authorization type: HCF**  
**Authorization No : 342730**  
**Valid upto: 30-06-2028**

(This document contains 1 pages excluding additional conditions)

PCB ID: 41713

INW ID: 207114

Date :30/03/2024

**AUTHORIZATION FOR HEALTH CARE FACILITY FOR COLLECTION, GENERATION, TRANSPORTATION, TREATMENT OR PROCESSING OR CONVERSION, DISPOSAL OR DESTRUCTION USE OFFERING FOR SALE, TRANSFER OF BIOMEDICAL WASTES**

- Ref: 1. Authorization application submitted by the HCF on 20-07-2023 at Regional Office.  
2. Inspection of the project site/organization by Regional Officer, Bengaluru City South on 26-03-2024

1. Authorization number and date of issue 342730 and 30-03-2024
2. M/s. Dr. Prashnath N an occupier or operator of the hospital located at RVhosp.CA site 37, 24th Main, 1st Phase, JP Nagar, Bengaluru-560078 is hereby granted an authorization for Activity : Generation, Collection, Storage, Disposal
3. M/s. Rashtreeya Sikshana Samithi Trust, R.V. Teachers College Building, Ii-Block is hereby authorized for handling of biomedical waste as per the capacity given below
  - i. Number of beds of HCF : 200

| Category            | Type of Waste                                                               | Quantity generated or collected, kg/day | Method of treatment & disposal                   |
|---------------------|-----------------------------------------------------------------------------|-----------------------------------------|--------------------------------------------------|
| Yellow              | Human Anatomical Waste                                                      | 35.000                                  | Disposed to CBMWTF                               |
|                     | Animal Anatomical Waste                                                     | 0.000                                   | Not Applicable                                   |
|                     | Soiled Waste                                                                | 35.000                                  | Disposed to CBMWTF                               |
|                     | Expired or Discarded Medicines                                              | 35.000                                  | Disposed to CBMWTF                               |
|                     | Chemical Solid Waste                                                        | 20.000                                  | Disposed to CBMWTF                               |
|                     | Chemical Liquid Waste                                                       | 20.000                                  | To be Treated and Disposed as per BMW rules 2016 |
|                     | Discarded linen, mattresses, beddings contaminated with blood or body fluid | 5.000                                   | To be Treated and Disposed as per BMW rules 2016 |
|                     | Microbiology, Biotechnology & other clinical laboratory Waste               | 5.000                                   | To be Treated and Disposed as per BMW rules 2016 |
| Red                 | Contaminated Waste (Recyclable)                                             | 135.000                                 | To be Disposed as per BMW rules 2016             |
| White (Translucent) | Waste sharps including Metals                                               | 10.000                                  | To be Disposed as per BMW rules 2016             |
| Blue                | Glassware                                                                   | 20.000                                  | To be Disposed as per BMW rules 2016             |
|                     | Metallic Body Implants                                                      | 10.000                                  | To be Disposed as per BMW rules 2016             |

4. This authorisation shall be in force for a period upto 30-06-2028 from the date of issue.
5. This authorisation is subject to the conditions stated below and to such other conditions as may be specified in the rules for the time being in force under the Environment(Protection)Act, 1986.



**Form III -[Rule10]**  
**Authorisation for Bio-Medical  
Waste Management Rules, 2016**

**Karnataka State Pollution Control Board**  
**"Parisara Bhavana", No.49, Church**  
**Street,Bengaluru-560001**  
**Tele : 080-25589112/3, 25581383**  
**Fax:080-25586321**  
**Email: ho@kspcb.gov.in**

**Authorization type: HCF**  
**Authorization No : 342730**  
**Valid upto: 30-06-2028**

(This document contains 3 pages excluding additional conditions)

- health care workers and others involved in handling of bio- medical waste and maintain the records for the same;
20. Applicant shall maintain and update on day to day basis the bio-medical waste management register and display the monthly record on its website according to the bio-medical waste generated in terms of category and colour coding as specified in Schedule I the Bio-Medical Waste Management Rules, 2016;
  21. Applicant shall report major accidents including accidents caused by fire hazards, blasts during handling of biomedical waste and the remedial action taken and the records relevant thereto, (including nil report) in Form I to the prescribed authority and also along with the annual report;
  22. Applicant shall make available the annual report on their web-site and all the health care facilities
  23. Applicant shall inform the prescribed authority immediately in case the operator of a facility does not collect the bio-medical waste within the intended time or as per the agreed time;
  24. Applicant shall establish a system to review and monitor the activities related to bio-medical waste management, either through an existing committee or by forming a new committee and the Committee shall meet once in every six months and the record of the minutes of the meetings of this committee shall be submitted along with the annual report to the prescribed authority and the healthcare establishments having less than thirty beds shall designate a qualified person to review and monitor the activities relating to bio-medical waste management within that establishment and submit the annual report;
  25. Applicant shall maintain all record for disposal of biomedical waste for a period of five years;
  26. The applicant shall immediately adopt bar coding system for Bio medical waste
  27. The applicant shall update COVID Bio Medical Waste data in CPCB tracking software at [bmw.cpcbcr.com/#/p/login](http://bmw.cpcbcr.com/#/p/login).

**B. Specific instruction:**

**Additional Conditions:**

The Occupier of the hospital shall comply with all the conditions prescribed in the Annexure attached herewith.

FOR AND ON BEHALF OF  
KARNATAKA POLLUTION CONTROL BOARD

CHIEF/ SENIOR ENVIRONMENTAL OFFICER

Signature valid

Digitally signed by

Date: 2024.03.27 15:06:04

+05:30

**COPY TO:**

1. The Environmental Officer, KSPCB, Regional Office, Bengaluru City South for information and to inspect the HCF during your next visit to the area.
2. Master copy (Dispatch).
3. Office copy.

**CERTIFICATE OF TREATMENT**

Date: 11.02.2025

To,  
Rashtreeya Sikshana Samithi Trust (Aster RV Hospital),  
CA Site 37, 24th Main, ITI Layout, 1st Phase,  
J.P.Nagar Bengaluru -560078.

Dear Sir/Madam,

This is to inform you that we have collected following quantity of Bio medical waste from your Center and the same has been treated and disposed as per K.S.P.C.B guidelines.

Average waste collected from your Center for the month of 01.01.2024 to 31.12.2024.

| Sl.no | Month    | Yellow         | Red     | Blue   | White  | Cytotoxic | Covid | Total    |
|-------|----------|----------------|---------|--------|--------|-----------|-------|----------|
|       |          | Quantity in kg |         |        |        |           |       |          |
| 1     | Jan 2024 | 2715.32        | 3895.68 | 563.41 | 106.72 | 0         | 0.00  | 7281.12  |
| 2     | Feb 2024 | 2687.91        | 2945.21 | 434.32 | 87.44  | 4.14      | 0.00  | 6159.01  |
| 3     | Mar 2024 | 3999.92        | 3027.22 | 594.69 | 129.69 | 0         | 0.00  | 7751.53  |
| 4     | Apr 2024 | 4973.50        | 3877.92 | 522.43 | 134.28 | 1         | 0.00  | 9509.12  |
| 5     | May 2024 | 5382.54        | 4038.34 | 453.69 | 119.85 | 71.95     | 0.00  | 10066.37 |
| 6     | Jun 2024 | 4729.38        | 3880.33 | 442.03 | 143.18 | 100.67    | 0.00  | 9295.58  |
| 7     | Jul 2024 | 4847.51        | 4065.55 | 529.15 | 122.18 | 95.85     | 0.00  | 9660.24  |
| 8     | Aug 2024 | 4921.92        | 4411.20 | 625.98 | 86.67  | 116.74    | 0.00  | 10162.51 |
| 9     | Sep 2024 | 4110.07        | 3515.81 | 486.15 | 70.54  | 53.07     | 0.00  | 8235.64  |
| 10    | Oct 2024 | 4473.93        | 3698.97 | 487.70 | 91.01  | 53.46     | 0.00  | 8805.07  |
| 11    | Nov 2024 | 4275.34        | 3357.34 | 396.57 | 158.14 | 54.31     | 0.00  | 8241.71  |
| 12    | Dec 2024 | 5574.74        | 4284.24 | 565.24 | 149.41 | 37.35     | 0.00  | 10610.98 |
| Total |          | 52692          | 44998   | 6101   | 1399   | 589       | 0     | 105779   |

This for ation  
For Maridi Bio Industries Pvt Ltd  
Operation in Charge

**Maridi Bio Industries Private Limited****Regional Office Address :**

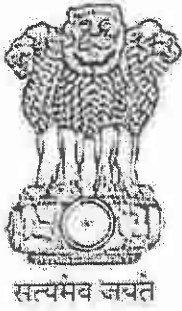
Building No. 8, Sunaga Arcade, 4<sup>th</sup> Floor,  
1<sup>st</sup> Main, 8<sup>th</sup> Cross, Sampangi Rama Nagar,  
Bengaluru - 560 027,  
Karnataka  
CIN No. U9001TG2011PTC072453

**Site Address :**

1/38, 35<sup>th</sup> Milestone,  
Gabbadi Kaval, Harohalli Hobli,  
Kanakapura Road,  
Ramanagar District-562 112.  
Bengaluru.

T : 080-4151 2958  
080-2210 3270

E-mail : maridibmw@maridibio.com  
maridiplant@maridibio.com  
website : www.maridibio.com

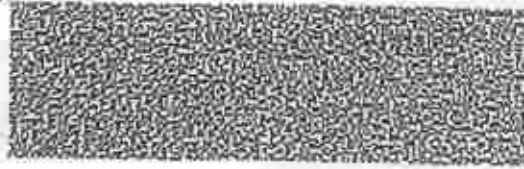
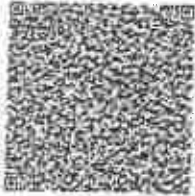


INDIA NON JUDICIAL

**Government of Karnataka**

e-Stamp

Certificate No. : IN-KA70812898489767V  
Certificate Issued Date : 15-Dec-2023 12:09 PM  
Account Reference : NONACC/ kakscsa08/ J.P NAGAR/ KA-JY  
Unique Doc. Reference : SUBIN-KAKAKSCSA0808513226306752V  
Purchased by : MARIDI BIO INDUSTRIES PRIVATE LIMITED  
Description of Document : Article 12 Bond  
Description : AGREEMENT  
Consideration Price (Rs.) : 0  
(Zero)  
First Party : MARIDI BIO INDUSTRIES PRIVATE LIMITED  
Second Party : ASTER RV HOSPITAL RASHTREEYA SIKSHANA SAMITHI TRUS  
Stamp Duty Paid By : MARIDI BIO INDUSTRIES PRIVATE LIMITED  
Stamp Duty Amount(Rs.) : 50  
(Fifty only)



Please write or type below this line

**MEMORANDUM OF UNDERSTANDING**

**REG No: 5496**

M/s. Maridi Bio Industries Pvt Ltd., having its registered office at No.8, SUNAGA ARCADE, 4<sup>th</sup> Floor, 1<sup>st</sup> Main, 8<sup>th</sup> Cross, S.R.nagar, Bangalore-560027, Phone No: 080-41512958/22103270, Email id: [maridibmw@maridibio.com](mailto:maridibmw@maridibio.com) and having its Plant at Sy.No. 1/37 & 1/38, 35<sup>th</sup> Milestone, Gabbadi Kaval, Kanakapura Road, Ramanagar District, here in after referred to as, M/s. Maridi Bio Industries Pvt Ltd. represented by its Authorized Signatory and M/S ASTER-RV HOSPITAL [RASHTREEYA SIKSHANA SAMITHI TRUST] having its hospital At CA Site 37-24th Main, ITI Layout, 1st Phase J.P.Nagar, Bengaluru -560078, Mob: 9789522227. Email: [randakumar.v@asterhospital.com](mailto:randakumar.v@asterhospital.com). Here in after

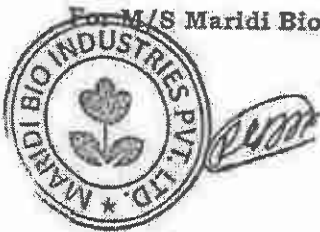


*(Signature)*

*(Signature)*



- i. M/s. Maridi Bio Industries Pvt Ltd. will issue a proof of waste collection from M/s. **ASTER-RV HOSPITAL [RASHTREEYA SIKSHANA SAMITHI TRUST]** as per your declaration in the application form. This will help the individual hospital/ compliance with the State Pollution Board. The individual hospital/ Nursing home can take their Authorization from the pollution control board by informing the board that M/s Maridi Bio Industries Pvt Ltd. treats their waste (The same has to be mentioned in the Authorization Form).
- j. Maridi is responsible only for the quantity of waste handed over to them by **ASTER-RV HOSPITAL [RASHTREEYA SIKSHANA SAMITHI TRUST]** not for all the waste generated at the hospital/clinic/center/diagnostic etc.
- k. In case **ASTER-RV HOSPITAL [RASHTREEYA SIKSHANA SAMITHI TRUST]** find any irregularities in collection of waste, they can send a notice in writing to M/s. Maridi Bio Industries Pvt Ltd. for immediate action.
- l. M/s Maridi Bio Industries Pvt Ltd. will maintain their plant in good running condition all the time and ensure continuity of service as per agreed with your hospital.
- m. This Memorandum of understanding is entered into on the express understanding that M/s Maridi Bio Industries Pvt Ltd. will maintain and run the facilities and collect transport and treat the waste at their plant strictly in accordance with the consent of the Karnataka State Pollution Control Board and it shall be the responsibility to obtain the consent and keep the same always current.
- n. In case of violation of any of the agreed condition of the MOU by either side. Issue of notice may terminate this MOU three months in advance by either party for terminating their respective obligations.
- o. All disputes to this understanding are subject to the Jurisdiction of the court in Bangalore only.
- p. MOU Renewal Charges of Rs.200(GST 18% Extra).
- q. This Agreement is effective from 01.10.2023 to 30.09.2025.



Authorized Signatory

for M/s **ASTER-RV HOSPITAL  
[RASHTREEYA SIKSHANA  
SAMITHI TRUST]**

Authorized Signatory

| Aster RV Hospital                                                                          |                |             |          |          |          |               |         |        |         |                |        |       |           |
|--------------------------------------------------------------------------------------------|----------------|-------------|----------|----------|----------|---------------|---------|--------|---------|----------------|--------|-------|-----------|
| Period: 01-2024 : 12-2024      Establishment Type- Bedded Hospital      Mobile- 9108304074 |                |             |          |          |          |               |         |        |         |                |        |       |           |
| Sl No.                                                                                     | Month          | Yellow Bags |          | Red Bags |          | Blue Mark Box |         | Whites |         | Cytotoxic Bags |        | Total |           |
|                                                                                            |                | Count       | Weight   | Count    | Weight   | Count         | Weight  | Count  | Weight  | Count          | Weight | Count | Weight    |
| 1                                                                                          | January 2024   | 699         | 2715.32  | 774      | 3895.68  | 77            | 563.41  | 70     | 106.72  | 0              | 0      | 1620  | 7281.12   |
| 2                                                                                          | February 2024  | 719         | 2687.90  | 603      | 2945.21  | 69            | 434.32  | 54     | 87.44   | 4              | 4.14   | 1449  | 6159.01   |
| 3                                                                                          | March 2024     | 1066        | 3999.92  | 651      | 3027.22  | 83            | 594.69  | 57     | 129.69  | 0              | 0      | 1857  | 7751.53   |
| 4                                                                                          | April 2024     | 1007        | 4973.50  | 691      | 3877.92  | 63            | 522.43  | 75     | 134.28  | 1              | 1      | 1837  | 9509.12   |
| 5                                                                                          | May 2024       | 1150        | 5382.54  | 741      | 4038.34  | 62            | 453.69  | 73     | 119.85  | 20             | 71.95  | 2046  | 10066.37  |
| 6                                                                                          | June 2024      | 991         | 4729.38  | 688      | 3880.33  | 61            | 442.03  | 72     | 143.18  | 19             | 100.67 | 1831  | 9295.58   |
| 7                                                                                          | July 2024      | 958         | 4847.51  | 706      | 4065.55  | 73            | 529.15  | 50     | 122.18  | 18             | 95.85  | 1805  | 9660.24   |
| 8                                                                                          | August 2024    | 972         | 4921.92  | 767      | 4411.20  | 97            | 625.98  | 47     | 86.67   | 23             | 116.74 | 1906  | 10162.51  |
| 9                                                                                          | September 2024 | 748         | 4110.07  | 530      | 3515.81  | 72            | 486.15  | 29     | 70.54   | 9              | 53.07  | 1388  | 8235.64   |
| 10                                                                                         | October 2024   | 923         | 4473.93  | 647      | 3698.97  | 72            | 487.70  | 32     | 91.01   | 14             | 53.46  | 1688  | 8805.07   |
| 11                                                                                         | November 2024  | 766         | 4275.34  | 560      | 3357.34  | 66            | 396.57  | 47     | 158.14  | 17             | 54.31  | 1456  | 8241.71   |
| 12                                                                                         | December 2024  | 1073        | 5574.74  | 713      | 4284.24  | 77            | 565.24  | 54     | 149.41  | 14             | 37.35  | 1931  | 10610.98  |
| Total                                                                                      |                | 11072       | 52692.07 | 8071     | 44997.81 | 872           | 6101.36 | 660    | 1399.11 | 139            | 588.54 | 20814 | 105778.88 |

## MINUTES OF HOSPITAL INFECTION CONTROL COMMITTEE MEETING

Held on: 16/01/2025

Time: 03:00 PM – 04:00 PM

Venue : Board Room & VC

Members present at the Committee meeting:

- |                                                                    |                                            |
|--------------------------------------------------------------------|--------------------------------------------|
| 1. Dr Chinnadurai- Lead Intensivist, Infection control chairperson | 10. Ms.Shanthirani (Chief Nursing Officer) |
| 2. Dr Kaarthiga- Microbiologist, Infection control officer         | 11. Ms.Saraswathi(Chief Nursing Officer)   |
| 3. Dr Deepak Betadur (Manager Medical services)                    | 12. Mr.Robert Sudhakar ( Manager, Nursing) |
| 4. Dr JV Srinivas (Specialist,Orthopaedics)                        | 13. Mr Ashraf- ICN                         |
| 5. Dr Naveen Ganjoo (Senior Consultant,Hepatology)                 | 14. Ms.Pooja Chavati (ICN)                 |
| 6. Dr Deepak KM- (Senior Consultant, Anaesthesia)                  | 15. Dr.Nisha R (Clinical Pharmacology)     |
| 7. Dr Ranjitha SV ( Intensivist)                                   |                                            |
| 8. Mr.Prithvi Rao ( Manager, Operations)                           |                                            |
| 9. Ms.Neelam Pagotra (Manager , Quality)-VC                        |                                            |

- |                                                               |                                                         |
|---------------------------------------------------------------|---------------------------------------------------------|
| 16. Ms.Veena (Senior Manage, Customer Care)                   | 19. Mr Nandakumar (Assistant Manager- Support Service ) |
| 17. Mr.Veeresh (Manager,Supply chain management)              | 20. Ms.Angel (Executive, OT)                            |
| 18. Mr.Hariprasad (Deputy Manager, Engineering & Maintenance) | 21. Ms.Tanishka ( Executive, Quality)                   |

Members Absent at the Committee meeting:

- Dr Girish SP (Lead Consultant, Surgical Gastroenterology)
- Dr Aravinda SN (Lead Consultant , Internal Medicine)
- Dr Rohit Udaya Prasad ( Consultant , ENT)
- Dr Dhananjaya Bhat (Senior Consultant , Neurosurgery)
- Dr Pavan Yadav (Colnsultant , Pulmonology)
- Ms.Kiran Rose Jacob (Executive, Operations)



**Agenda of the meeting:-**

- ☐ Review of previous minutes of meeting
- ☐ Review of QI data Month of Sep - Dec 24
- ☐ MDRO data presentation
- ☐ Antibiotic Data Presentation
- ☐ Pre – Post Construction Surveillance
- ☐ Review of Environmental Surveillance
- ☐ Review of Immunization status
- ☐ Review of Biomedical waste management status
- ☐ Challenges
- ☐ Open discussion

| Minutes of meeting - 16/01/2025 |                                                             |                                                                                              |                                                                                        |             |
|---------------------------------|-------------------------------------------------------------|----------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------|-------------|
| No                              | Discussion point / Department                               | Action plan                                                                                  | Responsibility                                                                         | Target date |
| 1                               | Revision of the list of restricted and surgical antibiotics | All restricted and surgical antibiotics lists are to be revised in the Manual and Checklist. | Dr. Chinnadurai (Lead Intensivist and ICC )<br>Dr. Kaarthiga ( Microbiologist and ICO) | 30-01-2025  |
|                                 |                                                             |                                                                                              |                                                                                        | Status      |
|                                 |                                                             |                                                                                              |                                                                                        | Open        |

|   |                                                                       |                                                                                                                                                                                                                                        |                                                                                                                                                 |             |      |
|---|-----------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------|-------------|------|
| 2 | The transplant patient area in the SICU requires a dirty utility room | Need to plan the dirty utility room in the SICU transplant area                                                                                                                                                                        | Mr.Prithvi Rao ( Manager, Operations)<br>Mr Hariprasad (Deputy manager – Engineering, Maintenance)                                              |             | Open |
| 3 | Vaccination status of the paramedical staff and doctors               | Add a column in the pre-employment check-up form for the Infection Control Officer's signature to verify the Hepatitis B vaccination status                                                                                            | Mr Shivagurunathan (Deputy Manager Human Resources)                                                                                             | 30-01-2025  | Open |
| 4 | Issue regarding the stained curtains                                  | All stained linens should be removed from circulation due to multiple customer escalations                                                                                                                                             | Mr.Nandakumar (Assistant Manager,Support Service)                                                                                               | 25-01-2025  | Open |
| 5 | Issue regarding the grooming standards of the technicians             | An official email needs to be sent to all paramedical staff, reminding them to adhere to grooming standards in the clinical area (Rings, Threads, Bangles, Nialpolish, Bracelets, Lengthy nails are not allowed in the clinical area.) | Dr Deepak (Deputy Medical superintendent medical services)<br>Mr Shivagurunathan ( Manager Human Resources)                                     | Immediately | Open |
| 6 | Issue regarding the slippers for washroom use in the OT               | Adequate numbers of dedicated slippers should be provided for washroom use in the OT                                                                                                                                                   | Ms.Kiran Rose Jacob (Executive, Operations)                                                                                                     | 25-01-2025  | Open |
| 7 | Usage of masks during wound dressing                                  | Face masks should be worn during wound dressing procedures, and a circular should be shared with the Doctors, Nurses, and Physician Assistant groups regarding this policy.                                                            | Dr Deepak (Deputy Medical superintendent medical services)<br>Ms Shanthirani (CNO)<br>Ms.Saraswathy (CNO)<br>Robert Sudhakar (Manager, Nursing) | Immediately | Open |

|   |                                                                                  |                                                                                                                                                                  |                                                                                                                                                                                 |             |      |  |
|---|----------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|------|--|
|   |                                                                                  |                                                                                                                                                                  | Ashra Sali (ICN)<br>Pooja Chavati (ICN)                                                                                                                                         |             |      |  |
| 8 | Issue regarding the use of 100ml hand rub bottles at the patient's bedside       | A 500ml hand rub should be placed at each patient's bedside instead of the 100ml bottle                                                                          | Mr. Veeresh (Manager, Supply chain management)<br>Ms Shanthirani (CNO)<br>Ms. Saraswathy (CNO)<br>Robert Sudhakar (Manager, Nursing)<br>Ashra Sali (ICN)<br>Pooja Chavati (ICN) | Immediately | Open |  |
| 9 | Issue regarding patient education on pre- and post-operative care and wound care | Handouts on pre- and post-operative patient self-management and wound care should be prepared and provided to patients during the pre-operative stage at the OPD | Ms. Neelam Pagotra (Manager, Quality)<br>Ashraf Sali (ICN)<br>Pooja Chavati (ICN)                                                                                               | 25-01-2025  | Open |  |

|    |                                                                                     |                                                                                                                                                                                                      |                                                                                                    |             |      |
|----|-------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------|-------------|------|
| 10 | Issue regarding cleaning of the IP room between patient discharge and new admission | Sufficient time should be allocated to the cleaning staff to thoroughly clean the room as per policy, ensuring coordination between the admission desk, IP coordinator and the support services team | Ms.Veena (Senior Manager, Customer Care)<br>Mr Nandakumar (Assistant Manager- Support Service )    | Immediately | Open |
| 11 | MDR and Infected patient alert in HIS                                               | The feasibility of implementing a popup in the HIS to indicate patient infections for early identification and follow-up should be explored.                                                         | Mr.Parasappa ( Manager,IT)<br>Ms.Neelam Pagotra (Manager , Quality)                                | 25-01-2025  | Open |
| 12 | Concern on the paired sample collection for blood culture                           | Separate bill code needs to be created for the paired sample collection (Blood culture)                                                                                                              | Mr.Santhosh Shetty (Manger, Billing)<br>Mr.Parasappa ( Manager,IT)                                 | 30-01-2025  | Open |
| 13 | Concern on the Traffic movements during surgery in OT                               | CCTV should be installed in the OT corridor to monitor traffic movements during surgeries                                                                                                            | Mr.Prithvi Rao ( Manager, Operations)<br>Mr.Hariprasad (Deputy Manager, Engineering & Maintenance) |             | Open |

|    |                                                                         |                                                                                                                                         |                                                     |             |      |  |
|----|-------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------|-------------|------|--|
|    |                                                                         |                                                                                                                                         |                                                     |             |      |  |
| 14 | Issue regarding the Biomedical waste bin cleaning.                      | Biomedical waste bins should be cleaned according to the policy in all areas, and a checklist should be maintained to ensure compliance | Mr Nandakumar (Assistant Manager- Support Service ) | Immediately | Open |  |
| 15 | Issue regarding the unavailability of tissue paper in the clinical area | An adequate supply of tissue paper should be maintained in the clinical area at all times, with supervisors overseeing this.            | Mr Nandakumar (Assistant Manager- Support Service ) | Immediately | Open |  |

Signature of the Chairperson: \_\_\_\_\_

Signature of the Convener: \_\_\_\_\_

## MINUTES OF HOSPITAL INFECTION CONTROL COMMITTEE MEETING

Held on: 05/10/2024

Time: 02:00 PM – 03:00 PM

Venue : Board Room & VC

### Members present at the Committee meeting:

- |                                                                        |                                                         |
|------------------------------------------------------------------------|---------------------------------------------------------|
| 1. Dr Chinnadurai- Lead Intensivist, Infection control chairperson     | 8. Ms.Neelam Pagotra (Manager , Quality)                |
| 2. Dr Kaarthiga- Microbiologist, Infection control officer             | 9. Mr.Robert Sudhakar ( Manager, Nursing)               |
| 3. Dr R K Ravi kumar (Deputy Medical superintendent medical services)  | 10. Mr Ashraf- ICN                                      |
| 4. Dr Sujatha Thyagarajan – Lead Consultant , pediatrics (VC)          | 11. Ms.Pooja Chavati (ICN)                              |
| 5. Dr Shugota Chakrabarti -Medical director-Unit Medical services (VC) | 12. Dr.Nisha R (Clinical Pharmacology)                  |
| 6. Dr Deepak M- (Senior Consultant, Anaesthesia)                       | 13. Mr.Umesh K B (Executive, Engineering & Maintenance) |
| 7. Mr.Prithvi Rao ( Manager, Operations)                               | 14. Ms.Kiran Rose Jacob (Executive, Operations)         |
|                                                                        | 15. Mr Nandakumar (Assistant Manager- Support Service ) |

Agenda of the meeting:-

- ☐ Review of previous minutes of meeting
- ☐ Review of QI data Month of Feb - Aug 24
- ☐ Review of Environmental Surveillance
- ☐ Review of Immunization status
- ☐ Review of Biomedical waste management status
- ☐ Challenges
- ☐ Open discussion

| Minutes of meeting -05/10/2024 |                                              |                                                                                                                  |                                       |             |
|--------------------------------|----------------------------------------------|------------------------------------------------------------------------------------------------------------------|---------------------------------------|-------------|
| No                             | Discussion point / Department                | Action plan                                                                                                      | Responsibility                        | Target date |
| 1                              | Number of rollers for patient shifting in OT | The number of Rollers in OT should be increased, and it should be available in each OT & and Recovery separately | Ms Kiran Rose (Executive, Operations) | 20-10-2024  |
| 2                              | Timer in OT scrubbing area.                  | The timer should be fixed in the scrubbing area to improve hand scrubbing compliance.                            | Mr Prithvi Rao (Operations, Manager)  | 15-10-2024  |
|                                |                                              |                                                                                                                  |                                       | Status      |
|                                |                                              |                                                                                                                  |                                       | Open        |
|                                |                                              |                                                                                                                  |                                       | Open        |

|   |                                                                            |                                                                                                                                                                                                        |                                                                                                    |             |         |
|---|----------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------|-------------|---------|
| 3 | Revision of restricted and surgical antibiotics list                       | All restricted and surgical antibiotics lists are to be revised in the Manual and Checklist.                                                                                                           | Dr. Chinnadurai (Lead Intensivist and ICC )<br>Dr. Kaarthiga ( Microbiologist and ICO)             | 20-10-2024  | Open    |
| 4 | Transplant patients in SICU required Dirty utility room.                   | Need to plan the dirty utility room in the SICU transplant area                                                                                                                                        | Mr.Prithvi Rao ( Manager, Operations)<br>Mr Hariprasad (Deputy manager – Engineering, Maintenance) |             | Open    |
| 5 | Outsource visit                                                            | Outsource visit should be completed by the team to Maridi and Washklean                                                                                                                                | Ms.Mr Nandakumar (Manager- Support service)<br>Mr Ashraf Sali (ICN)                                | 15-10-2024  | Open    |
| 6 | MDRO patient data presentation                                             | MDRO patient data should be present with the trend in the HICC meeting PPT.                                                                                                                            | Dr Kaarthiga (Microbiologist , ICO)<br>Mr Ashraf Sali (ICN)<br>Ms Pooja Chavati (ICN)              | Every month | Ongoing |
| 7 | Concern about the water and the solution flow in the hand scrub sink at OT | All the hand scrub sinks should have free water and solution flow in the OT hand scrubbing area, Engineering department staff should have to do the rounds to make sure they function on a daily basis | Mr Ashraf Sali (ICN)<br>Ms Pooja Chavati (ICN)                                                     | 15-10-2024  | Open    |
| 8 | Ventilator-associated pneumonia surveillance audit should be more focused  | ICN needs to work closely with clinical pharmacologists to identify the VAP and cases should be discussed with Dr Chinnadurai on a daily basis.                                                        | Mr Ashraf Sali (ICN)<br>Ms Pooja Chavati (ICN)<br>Dr Nisha K ( Clinical pharmacology)              | immediately | ongoing |

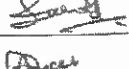
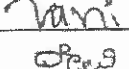
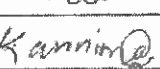
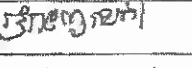


|    |                                                          |                                                                                                                                                       |                                                                                                                              |             |         |
|----|----------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------|-------------|---------|
| 9  | Concern aboutclave connector usage                       | Lightweight clave connectors should be used in the wards as there is a concern raised by the nurses that existing clave is heavy and difficult to use | Mr.Veeresh N (Manager, Supply Chain Management)<br>Mr.Ashraf Sali (ICN)<br>Ms.Pooja Chavati (ICN)                            | 15-10-2024  | Open    |
| 10 | Surgical wound care handbook                             | Discuss with the specialty doctors and create a Handbook on surgical wound care management as a part of education to the patient and relatives.       | Dr Kaarthiga (Microbiologist, ICO)<br>Ms.Neelam Pagotra (Manager, Quality)<br>Mr Ashraf Sali (ICN)<br>Ms.Pooja Chavati (ICN) | 20-10-2024  | Open    |
| 11 | Concern on Restricted antibiotic dose adjustment.        | Clinical pharmacologists should have a register in all the departments to mention about the dose adjustment on restricted antibiotic.                 | Dr.Nisha K(Clinical pharmacology)                                                                                            | immediately | ongoing |
| 12 | Infection control practice variation presentation in CME | Infection control practice variation should be projected in every CME for Doctors' awareness                                                          | Dr Kaarthiga (Microbiologist, ICO)<br>Mr Ashraf Sali (ICN)<br>Ms.Pooja Chavati (ICN)                                         | Monthly     | ongoing |
| 13 | Induction training for the Support service supervisors   | All the support service supervisors should mandatorily attend the induction training on basic infection control practices for 3 days.                 | Mr.Nandakumar (Assistant Manager,Support Service)                                                                            | Immediately | Ongoing |

|    |                                                                |                                                                                                                                                                                                                                                                                    |                                                                                                                                                        |             |         |
|----|----------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|---------|
| 14 | Concern on restroom cleaning.                                  | All the restrooms should be cleaned as per policy, the HK supervisor should monitor the same and a checklist should be available in the restroom.                                                                                                                                  | Mr.Nandakumar (Assistant Manager, Support Service)                                                                                                     | Immediately | Ongoing |
| 15 | Number of Blood culture samples.                               | A paired sample should be sent for all the blood culture tests.<br>Wards, ER, Dialysis – Freshly pricked 2 samples, Or if the patient has a Central line one sample from the line and one freshly pricked sample.<br>ICU – Need to collect the sample from all the invasive lines. | Dr Chinnadurai- Lead Intensivist, Infection control chairperson<br><br>Ms Shanthirani ( CNO)<br><br>Mr Ashraf Sali (ICN)<br><br>Ms Pooja Chavati (ICN) | Immediately | Ongoing |
| 16 | Vaccination status of Paramedical staff and the Doctors.       | Need to add a column for the Infection control officer's signature in the pre-employment check-up form to confirm about the Hepatitis B Vaccination status.                                                                                                                        | Mr Shivaprasad (Deputy Manager Human Resources)                                                                                                        | 20-10-2024  | Open    |
| 17 | Concern about the Stained curtains.                            | All the stained linens should be removed from the system as there are multiple escalations from the customers.                                                                                                                                                                     | Mr.Nandakumar (Assistant Manager,Support Service)                                                                                                      | 25-10-2024  | Open    |
| 18 | Concern about the OT shoes usage outside the hospital premises | Shoes which is used in the OT should not be used outside the hospital, Infection control nurse should be monitor on the same and project the data in CME and HICC meeting.                                                                                                         | Mr Ashraf Sali (ICN)<br><br>Ms Pooja Chavati (ICN)                                                                                                     | immediately | Ongoing |
| 19 | Concern about the grooming standard of the Technicians.        | Needs to send an official mail to all the paramedical staff to follow the grooming standards in the clinical area.                                                                                                                                                                 | Dr R K Ravi kumar (Deputy Medical superintendent medical services)                                                                                     | immediately | Open    |

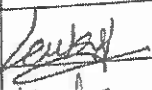
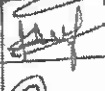
| YEAR | MONTH | DATE OF EXPOSURE | DATE OF REPORTING | MSU/HQ/DO/CD/ROBY/ALPHASIN | CATEGORY (HIV/HEP/CMV/TOXO/STREP/OTHER) | TEST | DATE OF TEST | NAME OF STAFF      | HIV SOURCE | HIV EXPOSED | HIV STATUS AT TIME OF EXPOSURE | TEST | BASELINE INVESTIGATION ON EXPOSED | BASELINE INVESTIGATION ON EXPOSED | BASELINE INVESTIGATION ON EXPOSED | BASELINE INVESTIGATION ON EXPOSED                                                              |
|------|-------|------------------|-------------------|----------------------------|-----------------------------------------|------|--------------|--------------------|------------|-------------|--------------------------------|------|-----------------------------------|-----------------------------------|-----------------------------------|------------------------------------------------------------------------------------------------|
| 2024 | April | 05-04-24         | 05-04-24          | NSI                        | Mild                                    | OP   | NURSING      | XXXXXXXXXXXXXXXXXX | SC-1       | EC-1        | VACCINATED                     | NA   | NEGATIVE, TTRE >500               |                                   | NEGATIVE                          | While cleaning the cannulation tray she had a prick from the previously used cannula stilllet. |

|                           |                                                                                   |
|---------------------------|-----------------------------------------------------------------------------------|
| Topic:                    | Biomedical Waste Segregation.                                                     |
| Name of the Trainer:      | PAVAN KUMAR. N                                                                    |
| Signature of the Trainer: |  |
| Training Venue:           | Support Services Department                                                       |
| Date of training:         | 9/09/2022.                                                                        |
| Duration of training:     | 30 Minutes.                                                                       |

| Sl.No. | Emp. ID | Name         | Department | Designation | Gender (M/F) | Signature                                                                             |
|--------|---------|--------------|------------|-------------|--------------|---------------------------------------------------------------------------------------|
| 1      |         | Lokesh       | HK         | Supervisor  | M            |    |
| 2      |         | Swapna       | HK         | Supervisor  | F            |    |
| 3      |         | Sanjay       | HK         | Supervisor  | M            |    |
| 4      |         | Anil Kumar   | HK         | Supervisor  | M            |    |
| 5      |         | padmamma     | HK         | Attendant   | F            |    |
| 6      |         | Rukmani      | HK         | Attendant   | F            | RUKMINI                                                                               |
| 7      |         | Ammu         | HK         | Attendant   | F            |    |
| 8      |         | Vani K       | HK         | Attendant   | F            | Vani K                                                                                |
| 9      |         | Devi         | HK         | Attendant   | F            |   |
| 10     |         | Kanniyammal  | HK         | Attendant   | F            | Kanniyammal                                                                           |
| 11     |         | Rajeshwari K | HK         | Attendant   | F            |  |
| 12     |         | Lakshmi S    | HK         | Attendant   | F            | Lakshmi                                                                               |
| 13     |         | Shakundhala  | HK         | Attendant   | F            | Shakundhala                                                                           |
| 14     |         | Uma          | HK         | Attendant   | F            | Uma                                                                                   |
| 15     |         | Vanajakshi   | HK         | Attendant   | F            |  |
| 16     |         | poornima R.  | HK         | Attendant   | F            | POORNIMA                                                                              |
| 17     |         | Nilima       | HK         | Attendant   | F            | Nilima                                                                                |
| 18     |         | shivamma     | HK         | Attendant   | F            |  |
| 19     |         | Radha        | HK         | Attendant   | F            | Radha                                                                                 |
| 20     |         | Shobhana     | HK         | Attendant   | F            | Shobhana                                                                              |
| 21     |         | Arjul        | HK         | Attendant   | M            | Arjul                                                                                 |
| 22     |         | Beulah       | HK         | Attendant   | F            | Beulah                                                                                |
| 23     |         | Jyothi       | HK         | Attendant   | F            | Jyothi                                                                                |
| 24     |         | Sumi Roy     | HK         | Attendant   | F            | Sumi Roy                                                                              |

| Sl.No. | Emp. ID | Name          | Department | Designation | Gender (M/F) | Signature   |
|--------|---------|---------------|------------|-------------|--------------|-------------|
| 25     |         | Jeevan Raj    | HK         | Attendant   | M            | Jeevan Raj  |
| 26     |         | Shashi Kala   | HK         | Attendant   | F            | Shashi Kala |
| 27     |         | Bhuvaneshwari | HK         | Attendant   | F            | BUNA        |
| 28     |         | Malathi K     | HK         | Attendant   | F            | K. Malathi  |
| 29     |         | Nilam         | HK         | Attendant   | F            | Nilam       |
| 30     |         | Raju          | HK         | Attendant   | M            | Raju        |
| 31     |         | Lakshmi       | HK         | Attendant   | F            | Lakshmi     |
| 32     |         |               |            |             |              |             |
| 33     |         |               |            |             |              |             |
| 34     |         |               |            |             |              |             |
| 35     |         |               |            |             |              |             |
| 36     |         |               |            |             |              |             |
| 37     |         |               |            |             |              |             |
| 38     |         |               |            |             |              |             |
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| 47     |         |               |            |             |              |             |
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| 49     |         |               |            |             |              |             |
| 50     |         |               |            |             |              |             |

Topic: Biomedical Waste Segregation.  
Name of the Trainer: PAVAN KUMAR.N  
Signature of the Trainer:   
Training Venue: Support Services Department  
Date of training: 12/08/2024.  
Duration of training: 30 Minutes.

| Sl.No. | Emp. ID | Name           | Department | Designation | Gender (M/F) | Signature                                                                           |
|--------|---------|----------------|------------|-------------|--------------|-------------------------------------------------------------------------------------|
| 1      |         | Lokesh prasad. | HK.Sup     | Supervisor  | M.           |  |
| 2      |         | Kumar.eg.      | HK. sup    | Supervisor  | M            |  |
| 3      |         | chethana D.S   | HK. sup    | Supervisor  | F            |  |
| 4      |         | Mohan Raj      | HK sup     | supervisor  | M            |  |
| 5      |         | Sanjay.        | HK Sup     | supervisor  | M            |  |
| 6      |         | Swapna         | HK. sup.   | supervisor  | F            | Swapna.                                                                             |
| 7      |         | Rukman.        | HK         | Attendant   | F            | Rukmini                                                                             |
| 8      |         | Nirayakamma    | HK         | Attendant   | F            | nirayakamma                                                                         |
| 9      |         | T.J Leelavathi | HK         | Attendant   | F            | leelavathi                                                                          |
| 10     |         | Uma            | HK         | Attendant   | F            | Uma                                                                                 |
| 11     |         | Nagaven?       | HK         | Attendant   | F            | Nagaven?                                                                            |
| 12     |         | Shakunthala.   | HK         | Attendant   | F            | Shakunthala.                                                                        |
| 13     |         | Lakshmi. S     | HK         | Attendant   | F            | Lakshmi.                                                                            |
| 14     |         | Anjali? Devi.  | HK         | Attendant   | F            | Anjali? devi                                                                        |
| 15     |         | Van. K.        | HK         | Attendant   | F            | Van. K                                                                              |
| 16     |         | Nirmal Biswal. | HK         | Attendant   | F            | Nirmal                                                                              |
| 17     |         | poornima. R.   | HK         | Attendant   | F            | poornima.                                                                           |
| 18     |         | Nirmala. R.    | HK         | Attendant   | F            | Nirmala                                                                             |
| 19     |         | Shivamma       | HK         | Attendant   | F            | Shivamma                                                                            |
| 20     |         | Sumi mermce    | HK         | Attendant   | F            | Sumi.                                                                               |
| 21     |         | Radha.         | HK         | Attendant   | F            | Radha                                                                               |
| 22     |         | Arjul          | HK         | Attendant   | M            | Arjul                                                                               |
| 23     |         | Jyothi?        | HK         | Attendant   | F            | Jyothi                                                                              |
| 24     |         | Sumi Roy.      | HK         | Attendant   | F            | Sumi Roy                                                                            |

| Sl.No. | Emp. ID | Name          | Department | Designation | Gender (M/F) | Signature  |
|--------|---------|---------------|------------|-------------|--------------|------------|
| 25     |         | Bargihta      | HPK        | Attendant   | F            | Bargihta   |
| 26     |         | Rekha         | HPK        | Attendant   | F            | Rekha      |
| 27     |         | Renukha       | HPK        | Attendant   | F            | Renukha    |
| 28     |         | Shabhuddin    | HPK        | Attendant   | F            | Shabhuddin |
| 29     |         | Jeewan Raj    | HPK        | Attendant   | M            | Jeewan Raj |
| 30     |         | Mallu Shankar | HPK        | Attendant   | F            | Mallu      |
| 31     |         |               |            |             |              |            |
| 32     |         |               |            |             |              |            |
| 33     |         |               |            |             |              |            |
| 34     |         |               |            |             |              |            |
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|                           |                              |
|---------------------------|------------------------------|
| Topic:                    | Biomedical Waste Segregation |
| Name of the Trainer:      | Nanda Kumar                  |
| Signature of the Trainer: | <i>[Signature]</i>           |
| Training Venue:           | Support Services Department  |
| Date of training:         | 16/07/2024                   |
| Duration of training:     | 30 Minutes                   |

| Sl.No. | Emp. ID | Name           | Department | Designation | Gender (M/F) | Signature          |
|--------|---------|----------------|------------|-------------|--------------|--------------------|
| 1      |         | KUMAR. G       | HK         | Supervisor  | M            | <i>[Signature]</i> |
| 2      |         | GEETHA R       | HK         | Supervisor  | F            | <i>[Signature]</i> |
| 3      |         | LOKESH         | HK         | Supervisor  | M            | <i>[Signature]</i> |
| 4      |         | MOHAN RAJ      | HK         | Supervisor  | M            | <i>[Signature]</i> |
| 5      |         | SANJAY         | HK         | Supervisor  | M            | <i>[Signature]</i> |
| 6      |         | SHAKUNTHALA    | HK         | Attendant   | F            | <i>[Signature]</i> |
| 7      |         | UMA            | HK         | Attendant   | F            | <i>[Signature]</i> |
| 8      |         | VANAJAKSHI     | HK         | Attendant   | F            | <i>[Signature]</i> |
| 9      |         | LEELAVATHI     | HK         | Attendant   | F            | <i>[Signature]</i> |
| 10     |         | VINAYAKAMMA    | HK         | Attendant   | F            | <i>[Signature]</i> |
| 11     |         | VANI. K        | HK         | Attendant   | F            | <i>[Signature]</i> |
| 12     |         | DEVI           | HK         | Attendant   | F            | <i>[Signature]</i> |
| 13     |         | KANMANI        | HK         | Attendant   | F            | <i>[Signature]</i> |
| 14     |         | RAJESHINARI. K | HK         | Attendant   | F            | <i>[Signature]</i> |
| 15     |         | ANJALI         | HK         | Attendant   | F            | <i>[Signature]</i> |
| 16     |         | LAKSHMI. S     | HK         | Attendant   | F            | <i>[Signature]</i> |
| 17     |         | CHOW REDDY     | HK         | Attendant   | M            | <i>[Signature]</i> |
| 18     |         | RADHA          | HK         | Attendant   | F            | <i>[Signature]</i> |
| 19     |         | SEIVAMMA       | HK         | Attendant   | F            | <i>[Signature]</i> |
| 20     |         | NIRMALA        | HK         | Attendant   | F            | <i>[Signature]</i> |
| 21     |         | NEELIMA        | HK         | Attendant   | F            | <i>[Signature]</i> |
| 22     |         | POORNIMA       | HK         | Attendant   | F            | <i>[Signature]</i> |
| 23     |         | MUNIRATHNA     | HK         | Attendant   | F            | <i>[Signature]</i> |
| 24     |         | NIRMAL         | HK         | Attendant   | M            | <i>[Signature]</i> |



| Sl.No. | Emp. ID | Name          | Department | Designation | Gender (M/F) | Signature   |
|--------|---------|---------------|------------|-------------|--------------|-------------|
| 25     |         | SUMI MURMU    | HK         | Attendant   | F            | Sumi        |
| 26     |         | RONATHI       | HK         | Attendant   | F            | Ronathi     |
| 27     |         | MALLU         | HK         | Attendant   | F            | Mallu       |
| 28     |         | RAJESHWARTI   | HK         | Attendant   | F            | Rajeshwari  |
| 29     |         | DEULAH        | HK         | Attendant   | F            | Deulah      |
| 30     |         | JYOTHI        | HK         | Attendant   | F            | Jyothi      |
| 31     |         | DHAKSHAYANI   | HK         | Attendant   | F            | Dakshayi    |
| 32     |         | SUMI ROI      | HK         | Attendant   | F            | Sumi Roi    |
| 33     |         | SANMAKA       | HK         | Attendant   | F            | Sanmaka     |
| 34     |         | BANJITHA      | HK         | Attendant   | F            | Banjitha    |
| 35     |         | REKHA         | HK         | Attendant   | F            | Rekha       |
| 36     |         | ARSHITHA      | HK         | Attendant   | F            | Arshitha    |
| 37     |         | RENUKA        | HK         | Attendant   | F            | Renuka      |
| 38     |         | NAGALAKSHI B. | HK         | Attendant   | F            | Nagalakshmi |
| 39     |         |               |            |             |              |             |
| 40     |         |               |            |             |              |             |
| 41     |         |               |            |             |              |             |
| 42     |         |               |            |             |              |             |
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BY HOSPITAL

Topic: needle prick injury

Name of the Trainer: Nanda Kumar

Signature of the Trainer: [Signature]

Training Venue: Support services office

Date of training: 13/03/24

Duration of training: 45. M.

| Sl.No. | Emp. ID | Name       | Department | Designation | Gender (M/F) | Signature    |
|--------|---------|------------|------------|-------------|--------------|--------------|
| 1      |         | Sobala     | S/S        | NA          | F            | Sobala       |
| 2      |         | Rajeshwari | S/S        | NA          | F            | Rajeshwari   |
| 3      |         | nanoliini  | S/S        | NA          | F            | nanoliini    |
| 4      |         | Rachha     | S/S        | NA          | F            | DOF          |
| 5      |         | malathi    | S/S        | NA          | F            | MALATHI      |
| 6      |         | Hema       | S/S        | NA          | F            | Hemalatha    |
| 7      |         | pandee     | S/S        | NA          | M            | Pandee       |
| 8      |         | Lekshmi M  | S/S        | NA          | F            | [Signature]  |
| 9      |         | Kaveri     | S/S        | NA          | F            | Kaveri       |
| 10     |         | Yankappa   | S/S        | NA          | M            | [Signature]  |
| 11     |         | Jothi      | S/S        | HK          | F            | Jyothi       |
| 12     |         | Bekula     | S/S        | HK          | F            | Bekula       |
| 13     |         | Malathi    | S/S        | HK          | F            | K. Ganapathy |
| 14     |         | Mallu      | S/S        | HK          | F            | Mallu        |
| 15     |         | Sumi Roy   | S/S        | HK          | F            | Sumi Roy     |
| 16     |         | Shivamona  | S/S        | HK          | F            | Shivamona    |
| 17     |         | Lekshmi S  | S/S        | HK          | F            | [Signature]  |
| 18     |         | Pandamona  | S/S        | HK          | F            | [Signature]  |
| 19     |         | Devi       | S/S        | HK          | F            | Devi         |
| 20     |         | Anjali     | S/S        | HK          | F            | Anjali       |
| 21     |         |            |            |             |              |              |
| 22     |         |            |            |             |              |              |
| 23     |         |            |            |             |              |              |
| 24     |         |            |            |             |              |              |

|                           |                                                                                   |
|---------------------------|-----------------------------------------------------------------------------------|
| Topic:                    | Hand hygiene                                                                      |
| Name of the Trainer:      | nanda kumar                                                                       |
| Signature of the Trainer: |  |
| Training Venue:           | Support Service office                                                            |
| Date of training:         | 16/04/24                                                                          |
| Duration of training:     | 35 minutes                                                                        |

| Sl.No. | Emp. ID | Name             | Department | Designation | Gender (M/F) | Signature       |
|--------|---------|------------------|------------|-------------|--------------|-----------------|
| 1      |         | Sumi murmee      | S/S        | NA          | F            | Sumi            |
| 2      |         | Malle Shankar    | S/S        | NA          | F            | Malle           |
| 3      |         | Shobhana         | S/S        | NA          | F            | Shobhana        |
| 4      |         | Rajeshwari G     | S/S        | NA          | F            | Rajeshwari      |
| 5      |         | Beulah           | S/S        | NA          | F            | Beulah          |
| 6      |         | Ajith            | S/S        | NA          | F            | Ajith           |
| 7      |         | Beulah           | S/S        | NA          | F            | Beulah          |
| 8      |         | Jyothi           | S/S        | NA          | F            | Jyothi          |
| 9      |         | Dakshayani       | S/S        | NA          | F            | Dakshayani      |
| 10     |         | Sumi Roy         | S/S        | NA          | F            | Sumi Roy        |
| 11     |         | Rajitha Tripathi | S/S        | NA          | F            | Rajitha         |
| 12     |         | Shashikala       | S/S        | HK          | F            | Shashikala      |
| 13     |         | Padam            | S/S        | HK          | F            | Padam           |
| 14     |         | Hemalatha        | S/S        | HK          | F            | Hemalatha       |
| 15     |         | Rajeshwari       | S/S        | HK          | F            | Rajeshwari      |
| 16     |         | Nandini          | S/S        | HK          | F            | Nandini         |
| 17     |         | Sejith           | S/S        | HK          | M            | Sejith          |
| 18     |         | Pandey           | S/S        | HK          | M            | Pandey          |
| 19     |         | Mahesh Kumar     | S/S        | HK          | M            | Mahesh          |
| 20     |         | Poojitha         | S/S        | HK          | F            | Poojitha        |
| 21     |         | Suresh           | S/S        | HK          | M            | Suresh          |
| 22     |         | Cherian Lakshmi  | S/S        | HK          | M            | Cherian Lakshmi |
| 23     |         | Lakshmi N        | S/S        | HK          | F            | Lakshmi         |
| 24     |         | Anthony Kumar    | S/S        | HK          | M            | Anthony         |

|                           |                        |
|---------------------------|------------------------|
| Topic:                    | Hand hygiene           |
| Name of the Trainer:      | Nanda Kumar            |
| Signature of the Trainer: | <i>[Signature]</i>     |
| Training Venue:           | Support Service office |
| Date of training:         | 10/05/21               |
| Duration of training:     | 35 minutes             |

| Sl.No. | Emp. ID | Name            | Department | Designation | Gender (M/F) | Signature       |
|--------|---------|-----------------|------------|-------------|--------------|-----------------|
| 1      |         | malathi         | S/S        | NA          | F            | MALATHI         |
| 2      |         | Devi            | S/S        | NA          | F            | Devi            |
| 3      |         | nasima          | S/S        | NA          | F            | Nasima          |
| 4      |         | nandini         | S/S        | NA          | F            | Nandini         |
| 5      |         | Hema            | S/S        | NA          | F            | Hemalatha       |
| 6      |         | Rajeshwari      | S/S        | NA          | F            | Rajeshwari      |
| 7      |         | nogara ju       | S/S        | NA          | M            | nogara ju       |
| 8      |         | Ram chandappa   | S/S        | NA          | M            | Ramechandappa   |
| 9      |         | suguna          | S/S        | NA          | F            | Suguna          |
| 10     |         | lakshmi M       | S/S        | NA          | F            | Lakshmi         |
| 11     |         | chaidalabasappa | S/S        | NA          | M            | chaidalabasappa |
| 12     |         | Rudha           | S/S        | NA          | F            | Rudha           |
| 13     |         | Yankoppa        | S/S        | NA          | M            | Yankoppa        |
| 14     |         | Lakshmi N       | S/S        | NA          | F            | LAKSHMI N       |
| 15     |         | Rukmani         | S/S        | HK          | F            | Rukmani         |
| 16     |         | Padma mama      | S/S        | HK          | F            | Padma           |
| 17     |         | Leelavathi YJ   | S/S        | HK          | F            | Leelavathi      |
| 18     |         | vargjapthi      | S/S        | HK          | F            | vargjapthi      |
| 19     |         | nogara ju       | S/S        | HK          | F            | Nogara          |
| 20     |         | shokunthala     | S/S        | HK          | F            | Shokunthala     |
| 21     |         | lakshmi S       | S/S        | HK          | F            | Lakshmi         |
| 22     |         | Devi            | S/S        | HK          | F            | Devi            |
| 23     |         | vani            | S/S        | HK          | F            | vani            |
| 24     |         | Rudha           | S/S        | HK          | F            | Rudha           |



|                           |                        |
|---------------------------|------------------------|
| Topic:                    | Spill Kit              |
| Name of the Trainer:      | Nanda Kumar            |
| Signature of the Trainer: | <i>[Signature]</i>     |
| Training Venue:           | Support Service Office |
| Date of training:         | 18/12/24               |
| Duration of training:     | 45 minutes             |

| Sl.No. | Emp. ID | Name            | Department | Designation | Gender (M/F) | Signature          |
|--------|---------|-----------------|------------|-------------|--------------|--------------------|
| 1      |         | Pavithra N      | S/S        | NA          | F            | <i>[Signature]</i> |
| 2      |         | Venkatesh Kumar | S/S        | NA          | F            | <i>[Signature]</i> |
| 3      |         | Padmavathi      | S/S        | NA          | F            | <i>[Signature]</i> |
| 4      |         | Nagaraj         | S/S        | NA          | M            | <i>[Signature]</i> |
| 5      |         | Fahad           | S/S        | NA          | M            | <i>[Signature]</i> |
| 6      |         | Pooja           | S/S        | NA          | F            | <i>[Signature]</i> |
| 7      |         | Nasima          | S/S        | NA          | F            | <i>[Signature]</i> |
| 8      |         | Nandini         | S/S        | NA          | F            | <i>[Signature]</i> |
| 9      |         | Sujat           | S/S        | NA          | M            | <i>[Signature]</i> |
| 10     |         | Pandey          | S/S        | NA          | M            | <i>[Signature]</i> |
| 11     |         | Mohesh          | S/S        | NA          | M            | <i>[Signature]</i> |
| 12     |         | Devi            | S/S        | NA          | F            | <i>[Signature]</i> |
| 13     |         | Kanniyammal     | S/S        | HK          | F            | <i>[Signature]</i> |
| 14     |         | Anjali Devi     | S/S        | HK          | F            | <i>[Signature]</i> |
| 15     |         | Lakshmi S       | S/S        | HK          | F            | <i>[Signature]</i> |
| 16     |         | Shakuntala      | S/S        | HK          | F            | <i>[Signature]</i> |
| 17     |         | Nagaveni        | S/S        | HK          | F            | <i>[Signature]</i> |
| 18     |         | Alma            | S/S        | HK          | F            | <i>[Signature]</i> |
| 19     |         | Venugokshi      | S/S        | HK          | F            | <i>[Signature]</i> |
| 20     |         | Leelavathi      | S/S        | HK          | F            | <i>[Signature]</i> |
| 21     |         | Padmamma        | S/S        | HK          | F            | <i>[Signature]</i> |
| 22     |         | Rukmani         | S/S        | HK          | F            | <i>[Signature]</i> |
| 23     |         |                 |            |             |              |                    |
| 24     |         |                 |            |             |              |                    |