To:

Date:25/07/2025

The Regional Officer,
Karnataka state Pollution Control Board,
Nisarga Bhavan, Thimmaiah Main Road,
7th D Main, 3rd Stage 2nd Block,
Shivanagar Basaveshwara Nagar,
Bangaluru-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 to KSPCB authorized agency, for the year Jan. 2024- Dec.2028 of our unit having address: Aster Clinic # 952, 24t Main, 2nd Phase, JP Nagar .Bangalore:560 078

Please update your records and acknowledge the same.

Thank you,

Yours faithfully

Mr. Karthik

Head - Aster clinic JP Nagar.

Enclosures:

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

(See rule13) ANNUAL REPORT

SI.	Particulars		
No			
1.	Particulars of the Occupier		Aster RV Hospital
	(i) Name of the authorized Occupier	:	Mr. Karthik. Mob; 99454 69666
	(ii) Name of Facility	:	Aster Clinic
	(iii) Address for Correspondence	:	952, 24 th Main .2 nd Phase. JP Nagar, Bangalore -560 078
	(iv) Address of Facility		Aster Clinic. 952, 24 th Main .2 nd Phase. JP Nagar, Bangalore -560 078
	(v)Tel. No, Fax. No		97394 43888 , 98860 30504 ,99454 69666
	(vi) E-mail ID		Karthik.pachiyappan@asterhospital.in
	(vii) URL of Website		www.asterbangalore.com
	(viii) GPS coordinates of HCF		13.097710937515046, 77.58452172345706
	(ix) Ownership of HCF		Private Limited Company
	(x). Status of Authorization under the Bio-Medical Waste (Management and Handling) Rules		Active,
	(xi). Status of Consents under Water Act and Air act	·	Active,
	Type of Health Care Facility		
	(i) Bedded Hospital		NA .
	(ii) Non-bedded hospital		NA
	(Clinic or Blood Bank or Clinical Laboratory or Research Institute or Veterinary Hospital or any other)		CLINIC
	(iii) License number and its date of expiry		NA *
	Details of CBMWTF		
	(i) Number healthcare facilities covered by CBMWTF		NA
	(ii) No of beds covered by		NA

	CBMWTF (iii) Installed treatment and											
	disposal capacity of care		NA									
	disposal capacity of CBMWTF (iv) Quantity of biomedical											
	waste treated or disposed by		NA		1840							
	CBMWTF											
4.	Quantity of waste generated in											
	Kg per annum (on monthly	1	Yellow Cate	egoi	ry: 22	9.37 K~	non	O. B. Madelling and The Control of t				
	average basis)			IV.	TOALL	5 Kan	~ w	and the second s				
			Trince Cate	gor	v: 63 i	Of Kana		A A STATE OF THE S				
			- ac catego	ny:	58.31	OKg per	ann	allina				
5.	Details of the Storage treatment		1			0 60	uiii	iuiii				
	Details of the Storage, treatmer (i) Details of the onsite storage facility disposal facility	it, tra	ansportation, p	proc	essin	g and Di	spo	sal Facility				
	facility disposal facility											
			Capacity: 15	00	- 250	0 kg per	day	/ storage				
			Provision of on-site storage: (cold storage or any other provision) – well ventilated, dedicated storage rooms based on their categories in their in a categories in their in a categories in their incomes and their categories in the catego									
			- wiedted 3ff	JIde	Proc	mc has		n their				
			categories in Type of	the	ii in c	our facili	ty.					
			treatment		No	Capa	city					
			equipment		of	Kg/D	ay	treated o				
			. ,		unit	5		disposed				
			Incinerators		NA	NIA		Kg/annum				
			Plasma		IVA	NA		NA				
		4	Pyrolysis				4					
		1	Autoclaves									
			Microwave									
		1	Hydroclave									
			hredder	1	NA	NA		NA				
			leedle tip					IVA				
			utter or									
		CI	estroyer									
			harps									
		Or	ncapsulation - concrete	1								
		pit	t Deep burial	N	A	NA	1	VA				
		pit	s									
		- Comme	emical									
			infection:									
		An	y other	NA								
		tre	atment	INA	,	AV	N.	A				
			lipment:									
iii) C	Quantity of recyclable											
vast	es sold to authorized	Red	Category (like	nl-	actic	gla -	<u></u>					
ecyc	clers after treatment in kg	NA	5) (iike	Pic	istic,	giass etc	:.)					
	nnum											

	(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	Quantity Where generated disposed Incineration NA NA NA Ash NA ETP Sludge NA NA
	(vi) Name of the Common Bio- Medical Waste Treatment Facility Operator through which wastes are disposed of	M/s. Maridi Bio Medical
	(vii) List of members 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 trainings conducted on BMW	
	(i) Number of trainings conducted on BMW Management.	Nos. 10
	(ii) number of personnel trained	12
	(iii) number of personnel trained at the time of induction	12 Members
	(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	0
	(ii) Number of the persons affected	0
	(iii) Remedial Action taken (Please attach details if any)	NA
	(iv) Any Fatality occurred, details.	Nill
9	Are you meeting the standards of air Pollution from the incinerator? How many times in	NA

	last year could not met the standards?		
	Details of Continuous online emission monitoring systems installed		NA
10.	Liquid waste generated and treatment methods in place. How many times you have not met the standards in a year?		Yes, we have a separate line and collection tank for liquid bio-medical waste at STP area, 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 1st January 2024 to 31st December 2024.

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ASTER CLINIC

		TRAINING A	TTENDANCE SHEET		
opic: BMW I	nandling training				
lame of the T	rainer: Mr. Karthik				
ignature of th	ne Trainer :				
raining Venu	e: First Floor				
Date of Traini	ng: 4/2/25				
Ouration of tr	aining: 1 hour				
S.No	Name of the Emoplyee	Employee Id	Designation	Department	Signature
	1 Pavithra	178717	Staff Nurse	Nursing	the
	2 Santhamma	13107	House Keeping	House Keeping	3003
	3 Laksmi Devi	171599	Staff Nurse	Nursing	lat glider
	4 Gowramma	TFS049	House Keeping	House Keeping	198 cms
	5 Seema	228627	Staff Nurse	Nursing	18
	6 Jaya Laksmi	TFS048	House Keeping	House Keeping	=afelalihs
	7 Bhargavi	157382	Staff Nurse	Nursing	
	8 Jeeva	178976	Technician	Dialysis	Ø.₩.
	9 Arun Kumar	231303	Technician	Dialysis	Matter
	10 Chinnambika	174080	Technician	Dialysis	- clos
	11 Shailaja	171894	Pharmacist	Pharmacy	SA
	12 Mallika	197222	Pharmacist	Pharmacy	R.Malligo
	200				