

COMPREHENSIVE EYE EXAMINATIONS & LATEST FACILITIES FOR

*PHACO (STICHLESS CATARACT SURGERY)

*ZYOPTIX LASIK LASER (SPECTACLE REMOVAL)

*PHAKIC IOL

TRAUMA

*CONTACT LENSES

SUPER-SPECIALITY CLINIC FOR

*CORNEA

⁴RETINA

*GLAUCOMA

*STRABISMUS & OCULOPLASTY

*PAEDIATRIC & NEURO OPHTHALMOLOGY

EYE



EYE-Q
SUPER-SPECIALITY
EYE HOSPITALS

40/
R.O
U.P. Pollution Control Board.
muzaffarnagar

सरि, हमने अपने अर-पाताल आईओएफ्रो विजन प्रार्थी
मुंबई नगर 01/01/2022 से 30/12/2022 तक अवधि हेतु
Form IV पर वार्षिक रिपोर्ट जमा कर रहे हैं।
वृत्ता प्रार्थी की application को र-वीलाट करने की
वृत्ता करें।

Pay
21-7-23

अधीन कायाधन
० न हनुमन् विद्यालय की
मुम्बई नगर

21-July-2023



Corporate Office : First Floor, Nursing Home 1, Sector - 46, Gurgaon - 122 002 | Tel. : 0124-4245460

CIN NO. U85121DL2006PTC152865

Registered Office : 804 Pearls, Omaxe Netaji Subhash Place Delhi 110034 | Tel. 011 40564894

Website: www.eyeqindia.com

Form - IV
(See rule 13)
ANNUAL REPORT

[To be submitted to the prescribed authority on or before 30th June every year for the period from January to December of the preceding year, by the occupier of health care facility (HCF) or common bio-medical waste treatment facility (CBWTF)]

Sl. No.	Particulars		
1.	Particulars of the Occupier	:	Ms. Abide Khatun
	(i) Name of the authorised person (occupier or operator of facility)	:	
	(ii) Name of HCF or CBMWTF	:	Eye & vision Pvt Ltd
	(iii) Address for Correspondence	:	1st Floor of m. S. prakash
	(iv) Address of Facility	:	Business Complex, 17/1
	(v) Tel. No, Fax. No	:	South Civil Lines
	(vi) E-mail ID	:	Muraffanwager
	(vii) URL of Website	:	
	(viii) GPS coordinates of HCF or CBMWTF	:	
	(ix) Ownership of HCF or CBMWTF	:	(State Government or Private or Semi Govt. or any other)
	(x). Status of Authorisation under the Bio-Medical Waste (Management and Handling) Rules	:	Authorisation 10106014 No.: 18/4/2020 valid up to 17/4/2025
	(xi). Status of Consents under Water Act and Air Act	:	Valid up to: 31/03/2026
2.	Type of Health Care Facility	:	
	(i) Bedded Hospital	:	No. of Beds:..... 61
	(ii) Non-bedded hospital	:	
	(Clinic or Blood Bank or Clinical Laboratory or Research Institute or Veterinary Hospital or any other)	:	Hospital
	(iii) License number and its date of expiry	:	
3.	Details of CBMWTF	:	
	(i) Number healthcare facilities covered by CBMWTF	:	
	(ii) No of beds covered by CBMWTF	:	
	(iii) Installed treatment and disposal capacity of CBMWTF:	:	_____ Kg per day

	(iv) Quantity of biomedical waste treated or disposed by CBMWTF	:	_____ Kg/day																																																
4.	Quantity of waste generated or disposed in Kg per annum (on monthly average basis)	:	<table border="1"> <tr> <td>Yellow Category</td><td>:</td><td>112 kg</td></tr> <tr> <td>Red Category</td><td>:</td><td>613 kg</td></tr> <tr> <td>White:</td><td>:</td><td>0</td></tr> <tr> <td>Blue Category</td><td>:</td><td>0</td></tr> <tr> <td>General Solid waste:</td><td>:</td><td></td></tr> </table>	Yellow Category	:	112 kg	Red Category	:	613 kg	White:	:	0	Blue Category	:	0	General Solid waste:	:																																		
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5	Details of the Storage, treatment, transportation, processing and Disposal Facility																																																		
	(i) Details of the on-site storage facility	:	<table border="1"> <tr> <td>Size</td><td>:</td><td>10 X 4</td></tr> <tr> <td>Capacity</td><td>:</td><td>10 kg</td></tr> <tr> <td>Provision of on-site storage or any other provision</td><td>:</td><td>Same</td></tr> </table>	Size	:	10 X 4	Capacity	:	10 kg	Provision of on-site storage or any other provision	:	Same																																							
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	(ii) Details of the treatment or disposal facilities	:	<table border="1"> <thead> <tr> <th>Type of treatment equipment</th><th>No of units</th><th>Capacity Kg/day</th><th>Quantity treated or disposed in kg per annum</th></tr> </thead> <tbody> <tr> <td>Incinerators</td><td>-</td><td></td><td></td></tr> <tr> <td>Plasma Pyrolysis</td><td>-</td><td></td><td></td></tr> <tr> <td>Autoclaves</td><td>1</td><td></td><td></td></tr> <tr> <td>Microwave</td><td>-</td><td></td><td></td></tr> <tr> <td>Hydroclave</td><td>-</td><td></td><td></td></tr> <tr> <td>Shredder</td><td>-</td><td></td><td></td></tr> <tr> <td>Needle tip cutter or destroyer</td><td>1</td><td></td><td></td></tr> <tr> <td>Sharps encapsulation or concrete pit</td><td>1</td><td></td><td></td></tr> <tr> <td>Deep burial pits:</td><td>-</td><td></td><td></td></tr> <tr> <td>Chemical disinfection:</td><td>-</td><td></td><td></td></tr> <tr> <td>Any other treatment equipment:</td><td>-</td><td></td><td></td></tr> </tbody> </table>	Type of treatment equipment	No of units	Capacity Kg/day	Quantity treated or disposed in kg per annum	Incinerators	-			Plasma Pyrolysis	-			Autoclaves	1			Microwave	-			Hydroclave	-			Shredder	-			Needle tip cutter or destroyer	1			Sharps encapsulation or concrete pit	1			Deep burial pits:	-			Chemical disinfection:	-			Any other treatment equipment:	-		
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	(iii) Quantity of recyclable wastes sold to authorized recyclers after treatment in kg per annum.	:	<table border="1"> <tr> <td>Red Category (like plastic, glass etc.)</td><td>:</td><td>NIL</td></tr> </table>	Red Category (like plastic, glass etc.)	:	NIL																																													
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	(iv) No of vehicles used for collection and transportation of biomedical waste	:	2																																																
	(v) Details of incineration ash and ETP sludge generated and disposed	:	<table border="1"> <thead> <tr> <th>Quantity generated</th><th>Where disposed</th></tr> </thead> <tbody> <tr> <td></td><td></td></tr> </tbody> </table>	Quantity generated	Where disposed																																														
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	during the treatment of wastes in Kg per annum	Incineration Ash ETP Sludge	- - -
	(vi) Name of the Common Bio-Medical Waste Treatment Facility Operator through which wastes are disposed of	:	M/S Environ Waste Connections LLP.
	(vii) List of member HCF not handed over bio-medical waste.		
6	Do you have bio-medical waste management committee? If yes, attach minutes of the meetings held during the reporting period		
7	Details trainings conducted on BMW		
	(i) Number of trainings conducted on BMW Management.		2
	(ii) number of personnel trained		-
	(iii) number of personnel trained at the time of induction		2+2
	(iv) number of personnel not undergone any training so far		2
	(v) whether standard manual for training is available?		Yes
	(vi) any other information)		-
8	Details of the accident occurred during the year		0
	(i) Number of Accidents occurred		0
	(ii) Number of the persons affected		0
	(iii) Remedial Action taken (Please attach details if any)		0
	(iv) Any Fatality occurred, details.		0
9.	Are you meeting the standards of air Pollution from the incinerator? How many times in last year could not met the standards?		0
	Details of Continuous online emission monitoring systems installed		0
10	Liquid waste generated and treatment methods in place. How many times you have not met the standards in a year?		0
11	Is the disinfection method or sterilization meeting the log 4		0

	standards? How many times you have not met the standards in a year?		0
12	Any other relevant information	:	(Air Pollution Control Devices attached with the Incinerator)

Certified that the above report is for the period from

01/01/2022 to 31/12/2022

Name and Signature of the Head of the Institution

Date:

Place