Form-IV(See rule 13) ANNUAL REPORT/ MONTHLY REPORT

0.	Particulars			
	Particulars of the Occupier	,		
	(i) Name of the authorized person	<u>:</u>		
	(occupier or operator of facility)		prof. (Dr.) Nalim NEIGRIAMS Plo Mauxliandiandiandiandiandiandiandiandiandiand	Medda
	(ii) Name of HCF or CBMWTF	:	NEIGHNIMS	
	(iii) Address for Correspondence	:	Plo Mauriandian	Shillone 18
	(iv) Address of Facility	:	-(do-1)	
	(v) Tel. No, Fax. No	;	0.364 - 25.38013	
	(vi) E-mail ID	;	info neignihms @	nuc.im
	(vii) URL of Website	:		
	(viii)GPS coordinates of HCF or CBMWTF	:	-	
	(ix) Ownership of HCF or CBMWTF	;	(State Government or Private or Semi	
	(ix) Stille Still Still	VI	Govt. or any other) Good . ormalia	
	(x) Status of Authorization under the Bio-Medical Waste (Management and Handling) Rules	:	Govt. or any other) G Authorisation No.; MXB PANNO.—411. 1909.0	10094-25/75 Alid up to: 20 Yung 20
	(xi) Status of Consents under Water Act and Air Act	:	Valid upto:	
2	Type of Health Care Facility	:	No. of Beds:	stitute
	(i) Bedded Hospital		No. of Beds:	594Beds
	(ii) Non-bedded hospital (Clinical or Blood Bank or Clinical Laboratory or Research Institute or Veterinary		A UA	
	Hospital or any other) (iii) License number and its date of	:	N/A N/A	
	expiry		NA	
3	Details of CBMWTF	:	1	
J	(i) Number of health care facilities : covered by CBMWTF	:	_	
	(ii) No. of Beds covered by CBMWTF	:	-	×
	(iii) Installed treatment and disposal capacity of CBMWTF;	:	Kg / day	
	(iv) Quantity of bio medical waste treated or disposed by CBMWTF	:	Kg / day	
4	Quantity of waste generated or disposed in Kg per Annum (on monthly average basis)		Yellow Category:	67072 79 4
			Red Category:	79787.6349
			White:	79787.63kg 2,533.2kg 13941.91kg
	· ·		Blue Category:	13941.91kg
			General Solid Waste:	273360174

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	(iii) Number of personnel trained at the time of induction	, .	_
	(iv) Number of personnel not undergone any training so far		
	(v) Whether standard manual for training is available?		Yes
	(vi) Any other information)		
8	Details of the accident occurred during the year		,
	(i) Number of Accidents occurred		35 mos
	(ii) Number of persons affected		35 personnel
	(iii) Remedial Action taken (Please attach details if any)		101e / viral marker
	(iv) Any Fatality occurred, details		-NUL-
9	Are you meeting the standards of air Pollution from the incinerator? How many times in last year could not met the standards?		35 nos 35 personnel 1, Cle / viral marker - NUL- Supply order has already been issued for 351c of New minerator
	Details of Continuous online emission monitoring systems installed		
10	Liquid waste generated and treatment methods in place. How many times you have not met the standards in a year?		yes, Nil
11	Is the disinfection method or sterilization meeting the log 4 standards? How many times you have notmet the standards in a year?		yes, Biological indicator sext for microniane disspection device was done on 1/1/24, 15/3/24, 18/4/24/5/24, 5/6/0 a/3/24, 5/8/24, 8/1/24, 3/10/24 and the result jour to be distinctory.
12	Any other relevant information		(Air Pollution Control Devices attached withthe Incinerator)

Certified that the above report is for the period	d from Bl st Decembed 2024
	Name and Signature of the Head of the Institution
Date: Place:	निद्याक / किलाँग-६३ नीग्रिम्स, शिलाँग-६३ NEIGRIHMS, Shillong-18