



Ref: MMH/KSPCB -Form-I / 2023-2024

Date:-24/04/2024

To
Environmental officer
Karnataka State pollution Control Board
Nisarga Bhavana 7th D main Road
Opp Pushpanjali Theatre Shivanahalli
Thimmiah Main road
Bangalore East

Sub:-Submission of Annual Accident Report

Dear Sir

Wit Reference to Above Subject ,Kindly find the enclosed Accident report in Form I of Dr.Malathi Manipal Hospital For the year of 2023-2024

Kindly acknowledge the same

Thanking you

MANIPAL HOSPITAL
Jayanagar

Authorised Signatory

Mohan Hariharan

Unit head

Dr .Malathi Manipal Hospital

Jayanagara 9th block

Banngalore



Manipal Hospital Jayanagar

45/1, 45th Cross Road, Kottapalya, Jayanagar 9th Block, Bengaluru - 560 069, Karnataka

P 080 4009 1000, 1800 102 5555

Manipal Health Enterprises Pvt. Ltd.

CIN: U85110KA2010PTC052540

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FORM – I
[See rule 4(o), 5(i) and 15(2)]

ACCIDENT REPORTING

- | | | |
|---|---|------|
| 1. Date and time of accident | : | N/A |
| 2. Type of Accident | : | N/A |
| 3. Sequence of events leading to accident | : | N/A |
| 4. Has the Authority of been informed immediately: | | NILL |
| 5. The type of waste involved in accident | : | NILL |
| 6. Assessment of the effects of the accidents on human health and the environment | : | |
| 7. Emergency measures taken | : | NILL |
| 8. Steps taken to alleviate the effects of accidents : | | NILL |
| 9. Steps taken to prevent the recurrence of such an accident | : | NILL |

10. Does you facility has Emergency Control policy?
If yes, give details :

MANIPAL HOSPITAL
Jayanagar

Authorised Signatory

Date : 24/04/2024

Signature :

Place : Bangalore

Designation : UNIT HEAD