



To,
The District Environmental Engineer,
Tamilnadu Pollution Control Board,
Shiva Towers, Meyyanur,
Salem - 4

Dear Sir,

SUB: Annual Report of BMW -2023

Ref: Manipal Hospital - Salem

Please find attached our Annual BMW report for the period from 01/01/2023 to 31/06/2023 for your records.

Request you to please acknowledge the same for our own records.

Regards,

For. Manipal Hospitals

Gururagavendran B

Hospital Director

GURURAGAVENDRAN.B
Hospital Director
Manipal Hospital, SALEM.
(A Unit of Manipal Health Enterprises Pvt. Ltd.)



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 | : | |
| | (i) Name of the authorized person (occupier of : operator of facility) | : | Mr. Gururagavendran B |
| | (ii) Name of HCF or CBMWTF | : | MANIPAL HOSPITALS |
| | (iii) Address for Correspondence | : | Sf.No: 46/1A,46/4A2, Vellakkalpatti Village, Omalur Taluk, Salem District 636012 |
| | (iv) Address of Facility | : | Sf.No: 46/1A,46/4A2, Vellakkalpatti Village, Omalur Taluk, Salem District 636012 |
| | (v) Tel. No, Fax. No | : | T +91 427 2346 600 |
| | (vi) E-mail ID | : | adminsalem@manipalhospitals.com |
| | (vii) URL of Website | : | https://salem.manipalhospitals.com/ |
| | (viii) GPS coordinates of HCF or CBMWTF | : | |
| | (ix) Ownership of HCF or CBMWTF | : | (State Government or Private or Semi Govt. or any other) Private Corporate Hospital |
| | (x). Status of Authorization under the Bio-Medical Waste (Management and Handling) Rules | : | Authorisation No.: 23BAZS1248869 Valid upto: 31/03/2027 |
| | (xi). Status of Consents under Water Act and Air Act | : | Valid upto: Air - 2109238887837 - 31/3/2027 Water - 2109138887837 - 31/3/2027 |
| 2 | Type of Health Care Facility | : | Multi-Specialty |
| | (i) Bedded Hospital | : | No. of Beds: 130 |
| | (ii) Non-bedded hospital Clinical Laboratory or Research Institute or Veterinary Hospital or any other) | : | |
| | (iii) License number and its date of expiry | : | SALMALL20200014684 - 15/3/2025 |
| 3 | Details of CBMWTF | : | |
| | (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 | : | _____ 60 _____ Kg / day |
| 4 | Quantity of waste generated or disposed in Kg per Annum (on monthly average basis) | : | Yellow Category: 813 Kgs / Month Red Category: 660 Kgs / Month Blue: 214 Kgs / Month White Category: 90 cans /Month General Solid Waste: 45 Kgs / Day |

| | Facility | | (1) Size:1.3/4m*1.1/2m*2.1m, (2) 1.1/2m*1.1/2m*2.1/2m (3) 1.1/2m*1.1/2m*2.1/2m (4) 1/1/2m*1.1/2m*2.1/2m | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--------------------------------|---|-----------------|--|-----------------------------|--------------------|-----------------|--|--------------|--|-----|--|------------------|------------|--|--|------------|----|--|--|-----------|--|--|--|------------|--|--|--|----------|--|--|--|--------------------------------|----|--|--|--------|--|--|--|-------------------------------|--|--|--|------------------|--|--|--|-----------------------|--|--|--|--------------------------------|--|--|--|
| | | | Capacity: (1) 6.5625M3, (2) 5.625 M3 (3) 5.625 M3 (4)5.625 M3 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | Provision of on-site storage : (Cold storage or any other provision) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (ii) | 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>02</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>05</td> <td></td> <td></td> </tr> <tr> <td>Sharps</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Encapsulation or concrete pit</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Deep burial pits</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Chemicaldisinfection:</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 | 02 | | | Microwave | | | | Hydroclave | | | | Shredder | | | | Needle tip cutter or destroyer | 05 | | | Sharps | | | | Encapsulation or concrete pit | | | | Deep burial pits | | | | Chemicaldisinfection: | | | | Any other treatment equipment: | | | |
| Type of treatment equipment | No of Units | Capacity Kg/day | Quantity Treated or disposed in kg per annum | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Incinerators | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Plasma Pyrolysis | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Autoclaves | 02 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Microwave | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Hydroclave | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Shredder | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Needle tip cutter or destroyer | 05 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Sharps | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Encapsulation or concrete pit | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Deep burial pits | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Chemicaldisinfection: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Any other treatment equipment: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (iii) | Quantity of recyclable wastes sold to authorized recyclers after treatment in Kg per annum | : | Red Category (like plastic, glass, etc.) NO | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (iv) | No. of Vehicles used for collection and transportation of biomedical waste | : | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (v) | Details of incineration ash and ETP sludge generated and disposed during the treatment of wastes in Kg per annum | | <table border="1"> <thead> <tr> <th></th> <th>Quantity Generated</th> <th>Where disposed</th> </tr> </thead> <tbody> <tr> <td>Incineration</td> <td></td> <td></td> </tr> <tr> <td>Ash</td> <td></td> <td></td> </tr> <tr> <td>ETP Sludge</td> <td></td> <td></td> </tr> </tbody> </table> | | Quantity Generated | Where disposed | Incineration | | | Ash | | | ETP Sludge | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Quantity Generated | Where disposed | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Incineration | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Ash | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ETP Sludge | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (vi) | Name of the Common Bio-Medical Waste Treatment Facility Operator through which wastes are disposed of | | Ramky Energy and Environment Ltd. Salem 637 102 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (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 | Bio Medical Waste Segregation, BMW Transport, BMW Storage, PPE. |
| | (i) Number of trainings conducted on BMW Management | 15 |
| | (ii) Number of personnel trained | 310 |
| | (iii) Number of personnel trained at the time of induction | 12 |
| | (iv) Number of personnel not undergone any training so far | NIL |
| | (v) Whether standard manual for training is available? | YES |
| 8 | Details of the accident occurred during the year | - |
| | (i) Number of Accidents occurred | - |
| | (ii) Number of persons affected | - |
| | (iii) Remedial Action taken (Please attach details if any) | - |
| | (iv) Any Fatality occurred, details | |
| 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 you have not met the standards in a year? | We Have 50 KLD STP |
| 11 | Is the disinfection method or sterilization meeting the log 4 standards? How many times you have not met the standards in a year? | |
| 12 | Any other relevant information | (Air Pollution Control Devices attached with the Incinerator) |

Certified that the above report is for the period from 01.01.2023 to 31.06.2023

Name and Signature of the Head of the Institution

GURURAGAVENDRAN.B
Hospital Director
Manipal Hospital, SALEM.
(A Unit of Manipal Health Enterprises Pvt. Ltd.)

Date: 10-08-2023

Place: Salem



Dt - 18/06/2024

To,
The District Environmental Engineer,
Tamilnadu Pollution Control Board,
Shiva Towers, Meyyanur,
Salem - 4

Dear Sir,

SUB: Annual Report of BMW -2023

Ref: Manipal Hospital - Salem

Please find attached our Annual BMW report for the period from 01/07/2023 to 31/12/2023 for your records.

Request you to please acknowledge the same for our own records.

Regards,

For. Manipal Hospitals


Gururagavendran B
Hospital Director

GURURAGAVENDRAN.B
Hospital Director
Manipal Hospital, SALEM,
(A Unit of Manipal Health Enterprises Pvt. Ltd.)



Manipal Hospital Salem
Dalmia Board, Salem-Bengaluru Highway, Salem 636 012, Tamil Nadu
P 0427 234 6600, 0427 234 6666

Manipal Health Enterprises Pvt. Ltd.
CIN: U85110KA2010PTC052540
Regd. Off. The Annex, #98/2, Rustom Bagh, HAL, Airport Road, Bengaluru 560 017, Karnataka
P +91 80 4936 0300 | E info@manipalhospitals.com | www.manipalhospitals.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 | : | |
| | (i) Name of the authorized person (occupier or : operator of facility) | : | Mr. Gururagavendran B |
| | (ii) Name of HCF or CBMWTF | : | MANIPAL HOSPITALS |
| | (iii) Address for Correspondence | : | Sf.No: 46/1A,46/4A2, Vellakkalpatti Village, Omalur Taluk, Salem District 636012 |
| | (iv) Address of Facility | : | Sf.No: 46/1A,46/4A2, Vellakkalpatti Village, Omalur Taluk, Salem District 636012 |
| | (v) Tel. No, Fax. No | : | T +91 427 2346 600 |
| | (vi) E-mail ID | : | adminsalem@manipalhospitals.com |
| | (vii) URL of Website | : | https://salem.manipalhospitals.com/ |
| | (viii) GPS coordinates of HCF or CBMWTF | : | |
| | (ix) Ownership of HCF or CBMWTF | : | (State Government or Private or Semi Govt. or any other) Private Corporate Hospital |
| | (x). Status of Authorization under the Bio-Medical Waste (Management and Handling) Rules | : | Authorisation No.: 23BAZS1248869 Valid upto: 31/03/2027 |
| | (xi). Status of Consents under Water Act and Air Act | : | Valid upto: Air - 2109238887837 - 31/3/2027 Water - 2109138887837 - 31/3/2027 |
| 2 | Type of Health Care Facility | : | Multi-Specialty |
| | (i) Bedded Hospital | : | No. of Beds: 130 |
| | (ii) Non-bedded hospital Clinical Laboratory or Research Institute or Veterinary Hospital or any other) | : | |
| | (iii) License number and its date of expiry | : | SALMALL20200014684 - 15/3/2025 |
| 3 | Details of CBMWTF | : | |
| | (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 | : | _____ 60 _____ Kg / day |
| 4 | Quantity of waste generated or disposed in Kg per Annum (on monthly average basis) | : | Yellow Category: 965 Kgs / Month Red Category: 961 Kgs / Month Blue: 156 Kgs / Month Red Category: 38 cans /Month General Solid Waste: 40 Kgs / Day |



| | Facility | (1) Size:1.3/4m*1.1/2m*2.1m, (2) 1.1/2m*1.1/2m*2.1/2m (3) 1.1/2m*1.1/2m*2.1/2m (4) 1/1/2m*1.1/2m*2.1/2m Capacity: (1) 6.5625M3, (2) 5.625 M3 (3) 5.625 M3 (4)5.625 M3 Provision of on-site storage : (Cold storage or any other provision) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--------------------------------|---|--|--|-------------|--------------------|--|--------------|--|--|-----|------------------|--|------------|--|------------|----|--|--|-----------|--|--|--|------------|--|--|--|----------|--|--|--|--------------------------------|----|--|--|--------|--|--|--|-------------------------------|--|--|--|------------------|--|--|--|-----------------------|--|--|--|--------------------------------|--|--|--|--|--|--|
| (ii) | 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>02</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>05</td><td></td><td></td></tr> <tr><td>Sharps</td><td></td><td></td><td></td></tr> <tr><td>Encapsulation or concrete pit</td><td></td><td></td><td></td></tr> <tr><td>Deep burial pits</td><td></td><td></td><td></td></tr> <tr><td>Chemicaldisinfection:</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 | 02 | | | Microwave | | | | Hydroclave | | | | Shredder | | | | Needle tip cutter or destroyer | 05 | | | Sharps | | | | Encapsulation or concrete pit | | | | Deep burial pits | | | | Chemicaldisinfection: | | | | Any other treatment equipment: | | | | | | |
| Type of treatment equipment | No of Units | Capacity Kg/day | Quantity Treated or disposed in kg per annum | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Incinerators | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Plasma Pyrolysis | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Autoclaves | 02 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Microwave | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Hydroclave | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Shredder | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Needle tip cutter or destroyer | 05 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Sharps | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Encapsulation or concrete pit | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Deep burial pits | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Chemicaldisinfection: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Any other treatment equipment: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (iii) | Quantity of recyclable wastes sold to authorized recyclers after treatment in Kg per annum | : | Red Category (like plastic, glass, etc.) NO | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (iv) | No. of Vehicles used for collection and transportation of biomedical waste | : | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (v) | Details of incineration ash and ETP sludge generated and disposed during the treatment of wastes in Kg per annum | | <table border="1"> <thead> <tr> <th></th> <th>Quantity Generated</th> <th>Where disposed</th> </tr> </thead> <tbody> <tr><td>Incineration</td><td></td><td></td></tr> <tr><td>Ash</td><td></td><td></td></tr> <tr><td>ETP Sludge</td><td></td><td></td></tr> </tbody> </table> | | Quantity Generated | Where disposed | Incineration | | | Ash | | | ETP Sludge | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Quantity Generated | Where disposed | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Incineration | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Ash | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ETP Sludge | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (vi) | Name of the Common Bio-Medical Waste Treatment Facility Operator through which wastes are disposed of | | Ramky Energy and Environment Ltd. Salem 637 102 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (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 | Bio Medical Waste Segregation, BMW Transport, BMW Storage, PPE. |
| | (i) Number of trainings conducted on BMW Management | 30 |
| | (ii) Number of personnel trained | 380 |
| | (iii) Number of personnel trained at the time of induction | 54 |
| | (iv) Number of personnel not undergone any training so far | NIL |
| | (v) Whether standard manual for training is available? | YES |
| 8 | Details of the accident occurred during the year | - |
| | (i) Number of Accidents occurred | - |
| | (ii) Number of persons affected | - |
| | (iii) Remedial Action taken (Please attach details if any) | - |
| | (iv) Any Fatality occurred, details | |
| 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 you have not met the standards in a year? | We Have 50 KLD STP |
| 11 | is the disinfection method or sterilization meeting the log 4 standards? How many times you have not met the standards in a year? | |
| 12 | Any other relevant information | (Air Pollution Control Devices attached with the Incinerator) |

Certified that the above report is for the period from 01.07.2023 to 31.12.2023

Name and Signature of the Head of the Institution

GURURAGAVENDRAN. B
Hospital Director
Manipal Hospital, SALEM.
(A Unit of Manipal Health Enterprises Pvt. Ltd.)

Date: 18-06-2024

Place: Salem

