Form - IV Form - IV

[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)]

			7.00
	(iii) Installed treatment and disposal capacity of		Kg per day
-	(ii) No of beds covered by CBMWTF	:	
	(i) Number healthcare facilities covered by		0
	Details of CBMWTF		0606-60-16/601
	(iii) License number and its date of expiry		0808-60-18/881
	(Clinic or Blood Bank or Clinical Laboratory or Research Institute or Veterinary Hospital or any other)		#IV
	(ii) Non-bedded hospital		05
	(i) Bedded Hospital	:	No. of Beds:30
7.	Type of Health Care Facility		
	(xi). Status of Consents under Water Act and Air Act	:	-60-18. of qu bileyof qu bileY
	(x). Status of Authorisation under the Bio-Medical Waste (Management and Handling) Rules	27	P. ON W. & - VI - Q. VI not is snorth M. A.
	(x). Status of Authoritation (x)		Semi Govt. or any other)
	(ix) Ownership of HCF or CBMWTF	24.0	(State Government or Private or
	(viii) GPS coordinates of HCF or CBMWTF		AN AN
	(vii) URL of Website		Demulhannogan & genal
	(vi) E-mail ID	:	6260186488
	(v)Tel. No, Fax. No	-	NUBUUUDY(1 JH)
	(iv) Address of Facility		M. O. /C. CHED DROWN
	(iii) Address for Correspondence	i	CHC, bhomoson
	(ii) Name of HCF or CBMWTF		DE. Deepor Kuman Nau
	(i) Name of the authorised person (occupier of operator of facility)	; 10	
	IOI dragge and		Medical oblicer 1/c
-	No. Particulars of the Occupier		
	SI. Particulars		

Medical Officer I/C C.H.C.Dhamnagar Dist-Bhadrak