

Form -IV
(See Rule 13)
APRIL-2019

[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 (CBMWF)]

Sl. No.	Particulars		
1.	Particulars of the Occupier	:	WOODLANDS MULTISPECIALITY HOSPITAL
	(i) Name of the authorized person (occupier or operator of facility)	:	Dr. MALATI PURKAIT
	(ii) Name of HCF or CBMWF	:	WOODLANDS MULTISPECIALITY HOSPITAL
	(iii) Address for Correspondence	:	8/5, Alipore Road, Kolkata- 700027
	(iv) Address of Facility	:	DO
	(v) Tel. No, Fax. No	:	(033) 4033 7000
	(vi) E-mail ID	:	infectioncontrol@woodlandshospital.in
	(vii) URL of Website	:	www.woodlandshospital.in
	(viii) GPS coordinates of HCF or CBMWF	:	Submitted
	(ix) Ownership of HCF or CBMWF	:	(State Government or Private or Semi Govt. or any other)----- <u>Private</u>
	(x). Status of Authorization under the Bio-Medical Waste (Management and Handling) Rules	:	Authorization No.: <u>10/2S(BM)-6453/2000-2001 valid up to 30.04.2019</u> <u>Applied For Renewal</u>
	(xi). Status of Consents under Water Act and Air Act	:	Valid up to: 30.04.2019 <u>Applied For Renewal</u>
2.	Type of Health Care Facility	:	Hospital
	(i) Bedded Hospital	:	No. of Beds:..... 268
	(ii) Non-bedded hospital (Clinic or Blood Bank or Clinical Laboratory or Research Institute or Veterinary Hospital or any other)	:	NA
	(iii) License number and its date of expiry	:	<u>L/68(95)/R/16/0194</u> <u>Expiry Date:- 14.06.2019</u>
3.	Details of CBMWF	:	NA
	(i) Number healthcare facilities covered by	:	NA
	(ii) No of beds covered by CBMWF	:	NA
	(iii) Installed treatment and disposal capacity of CBMWF:	:	_____ Kg per day
	(iv) Quantity of biomedical waste treated or disposed by CBMWF	:	_____ Kg/day