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Form - IV
(See rule 13)

ANNUAL REPORT 2024

[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 (occupier or operator of facility)	
	(i) Name of the authorised person	Medical Officer I/C CHC Kanas, Puri
	(ii) Name of HCF or CBMWTF	: CHC Kanas
	(iii) Address for Correspondence	: AT/PO- Kanas, Puri
	(iv) Address of Facility	Kanas, Puri -752017
	(v) Tel. No, Fax. No	: 06752240415
	(vi) E-mail ID	: kanaschc@gmail.com
	(vii) URL of Website	www.chckanaspuri.in
	(viii) GPS coordinates of HCF or CBMWTF	
	(ix) Ownership of HCF or CBMWTF	: State Govt. Owned Hospital
	(x). Status of Authorisation under the Bio-Medical Waste (Management and Handling) Rules	: Authorisation No. 10928 dated 18/10/2019 valid up to 31/03/2024
	(xi). Status of Consents under Water Act and Air Act	N.A
2.	Type of Health Care Facility	
	(i) Bedded Hospital	
	(ii) Non-bedded hospital	No. Of Beds- 16 nos



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