



Ref: MMH/KSPCB - Form I/2025-2026

Date:-14/05/2026

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 Accidental Report

Dear Sir,

With reference to above Subject, Kindly find the enclosed report in form I of Dr.Malati Manipal Hospital Bangalore from April 2025 to March -2026

Kindly acknowledge the same

Thanking you

Rash



Dr.Rashmi Sanjay
Unit head
Dr .Malathi Manipal Hospital
Jayanagara 9th block
Bangalore -69



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

Regd. Off. The Annexe, #98/2, Rustom Bagh, HAL Airport Road, Bengaluru 560 017, Karnataka

P +91 80 4936 0300 | E info@manipalhospitals.com | www.manipalhospitals.com



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 | : | |

Date : 14/05/2026

Place : Bangalore

Signature :



Designation : UNIT HEAD