Bio-medical Waste Management MONTHLY REPORT

Date: 2 | 3 | 2020

- 1) Particulars of the applicant
- (i) Name of the authorized person (occupier/operator) Mr. Sandeep Sagvekar
- (i) Name & address of the institution: National Institute Of Ophthalmology,

1187/30 Off Ghole Road, Shivajinagar Pune-411005

2) Category of waste (as per Schedule-I of the Rule) generated and quantity on a monthly average basis:

| Category Yellow | Waste Quant | ity IZ- |
|--------------------|-------------|---------------|
| Yellow | 69 | |
| Red | 0 | 163.93 kg |
| | 45 | 144.00 1- |
| White | 01 | 116.09 Po |
| Blue | | · 03 · 100 ko |
| | 06 | 20 ° 22 kg |
| Total | [101] | No ZZ Roj |
| | 121 | 1333.34 |

Certified that the above report is for the period from 1/2/20 to 29/2/2020

Designation:Medical Director