## Bio-medical Waste Management

MONTHLY REPORT

1-5-23

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

376 Sind Soc, Bremen Square Aundh Pune-411007

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

Category	Westel@Jantity#	STATE OF THE STATE
Yellow	29	107.451
Red	27	118.016
White	1 Boll	4.7051
Blue	1 Needles	a.800F
Total	68	232.971

Certified that the above report is for the period from 1 /4/23 to 30/4/23

Signature:

Designation: Medical Director

