## Bio-medical Waste Management MONTHLY REPORT

Date: 1-2-2024

- 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:

| Gategory<br>Yellow | 7 - | ntity Kg. |
|--------------------|-----|-----------|
| Red                | 17  | 191.61    |
|                    | 54  | 198.4601  |
| White              | 6   |           |
| Blue               | 16  | 15.78/    |
| Total              | 18  | 144.811   |
| Total              | 155 | 450.661   |

Certified that the above report is for the period from 1/1/24 to 31/1/24

Ality

Signature:

Designation: Medical Director