

Bio-medical Waste Management  
MONTHLY REPORT

Date: 01/07/24

1) Particulars of the applicant

(i) Name of the authorized person (occupier/operator) Mr. Rakesh Gaikwad

(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 | Waste Quantity | Kg      |
|----------|----------------|---------|
| YELLOW   | 36             | 96.566  |
| RED      | 25             | 107.511 |
| WHITE    | 02             | 5.080   |
| BLUE     | 01             | 4.215   |
| TOTAL    | 64             | 213.372 |

Certified that the above report is for the period from - 01/06/24 to 30/06/24

Signature:

*Aditya*

Designation : Medical Director