

FORM-II
(See Rule-10)
ANNUAL REPORT

(To be submitted to the prescribed authority by 31st January every year)

1. Particulars of the applicant

- (i) Name of the authorized person: Dr. Surendra Nath Singh (MDYC)
(Occupier/operator)
- (ii) Name of the institution: C.H.C. Harichandapur
Address: At/PO - Harichandapur
Tel. No.: 9178885202
Telex No.:
Fax No.:

2. Categories of waste generated:
and quantity on a monthly
average basis

- 1 - placentas - 15 kg.
2 - Rubber - 10 kg.
3 - chemical solid waste - 2 kg
4 - chemical liquid waste - 5 L

3. Brief details of the treatment
facility

In case off-site facility

- i) Name of the operator: NA
- ii) Name and address of the:
facility NA

Tel. No., Telex No., Fax No.:

4. Category-wise quantity of waste treated:

- 1 - placenta - After the chlorination the sa waste transferred to B.M.W.
2 - Rubber - chlorination (5%) with cuticles transferred to B.M.W.
3 - Chemical Waste - Transferred to district B.M.W.

5. Mode of treatment with details:

Some particles are treated with 5% chlorination & rest photo radiations are transported to district

6. Any other information:

Office for destruction.

Certified that the above report is for the period from.....

01.01.2015 to 30.1.2016

Date 10.1.16

Place Harichandapur

Signature Dr. Surendra Nath Singh

Designation MDYC

10/1/16
Medical Officer TIC
C.H.C. Harichandapur
Dist. Harichandapur