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*N. G. Medicare &
Calcutta Hope Infertility Clinic*

123 A, Rashbehari Avenue, Kolkata - 700 029, Ph : 2464 0230 / 2463 1376
e-mail:ngmail@vsnl.com Website :www.ngmedicare.in



To,
The Environmental Engineer.
West Bengal Pollution Control Board.
247 Deshpran Sasmal Road,
Kit Market 1st Floor,
Kolkata 700 033,

Date: 4/1/2017

Sub: -Submission of Bio-Medical waste Monthly Return for ANNUAL RETURN 2016.

Dear Sir,

With reference to the above we are submitting the Bio-Medical waste monthly report in form II for ANNUAL RETURN 2016 for your records.

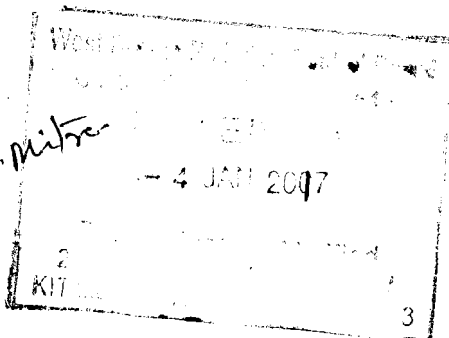
Please receive and oblige.

Thanking You,

Your's truly,

For N G Medicare & Calcutta Hope Infertility Clinic.
(Prop. N G Industries Ltd.)

(Rajesh Goenka)
Director



FORM II

[see rule- 10 of the Bio-medical Waste (Management & Handling) (Amendment) Rules, 2000]

ANNUAL REPORT

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

1. Particulars of the applicant

(i) Name of the authorized person (occupier/operator): RAJESH GOENKA

(ii) Name & address of the Institution: N.G. Medicare & Calcutta Hope Infertility Clinic. (A division of N.G. Industries Ltd.)
123A Dakhbehani Ave. Kolkata-29

Telex No. 2464-0230

Fax No. _____

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

Category No.	Waste Quantity	Category No.	Waste Quantity
Category No. 1	<u>23</u> Kg.	Category No. 6	<u>107</u> Kg.
Category No. 2	<u> </u> Kg.	Category No. 7	<u>172</u> Kg.
Category No. 3	<u>15</u> Kg.	Category No. 8	<u>3975</u> Ltr.
Category No. 4	<u>135</u> Kg.	Category No. 9	<u> </u> Kg.
Category No. 5	<u> </u> Kg.	Category No. 10	<u> </u> Kg.

Note: all quantities to be given in kg/month, except Category No. 8, which will be in ltrs./month

3. Brief details of the treatment facility:

In case off-site facility:

(i) Name of the Operator: Medicare Environmental management pvt. Ltd.

(ii) Name and Address of the facility: Medicare Environmental management pvt. Ltd.
F. Road Belgachia, Howrah-711005

Tel. No. 033-26513890 Telex No. _____ Fax No. _____

4. Category-wise quantity of waste treated:

i) Incineration/Burial (Yellow bag): 145 kg/month

ii) Autoclave/Microwave (Blue bag): 307 kg/month

5. Mode of treatment with details:

category no 1, 6 incineration
category no 4, 7 Autoclaving
category no 8 Disinfected by chemical treatment
and dissolved into WMC drain.

6. Any other information:

7. Certified that the above report is for the period from
Annual Report for-2016.

For N.G. MEDICARE & CALCUTTA HOPE
 INFERTILITY CLINIC
 Prop: N.G. INDUSTRIES LTD.

Date _____

Signature _____
 Director

Place _____

Designation: _____

**N. G. Medicare &
Calcutta Hope Infertility Clinic**



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FORM II

[See rule – 10 of the Bio Medical waste (Management & Handling) (Amendment) Rules 2000]

YEARLY REPORT

[To be submitted to prescribe authority by 5th of every month

NAME OF MONTH	YELOW BAG			BLUE BAG		
	CAT-1	CAT-3	CAT-6	CAT-4	CAT-7	CAT-8
JANUARY	27	12	111	150	190	3500
FEBRUARY	15	8	62	135	174	3500
MARCH	20	11	79	101	129	3800
APRIL	22	13	91	107	137	3500
MAY	29	16	115	108	137	4500
JUNE	20	10	93	143	183	4000
JULY	70	16	74	122	156	4400
AYGUST	24	12	115	136	174	4000
SEPTEMBER	33	21	154	147	188	4500
OCTOBER	30	14	125	152	228	4000
NOVEMBER	29	16	115	160	205	4000
DECEMBER	22	14	99	141	179	4000
TOTAL	341	163	1233	1602	2080	47700

For N.G. MEDICARE & CALCUTTA HOPE
INFERTILITY CLINIC
Prop. N.G. INDUSTRIES LTD.

(Signature)

Director