

FORM II
(see rule 10)

ANNUALREPORT

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

1. Particulars of the applicant:

(i) Name of the authorised person (occupier/operator): Dr. RAJEEV NAYYAR

(ii) Name of the institution: FORTIS HOSPITAL

Address: A- BLOCK, SHALIMAR BAGH, DELHI-110088

Tel. No: 011-45302222

Telex No:

Fax No: 01145302211

2. Categories of waste generated and quantity on a monthly average basis: CATEGORIES 1 TO 7

3. Brief details of the treatment facility: 5,201 Kg

in case of off-site facility:

(i) Name of the operator: SMS WATERGRACE BMW PVT. LTD.

(ii) Name and address of the facility: DELHI JAL. BOARD, STP COMPLEX, NILOTHI, NEW DELHI- 110041

Tel. No., Telex No., Fax No.: 01128363691

4. Category-wise quantity of waste treated: AS PER DETAIL ATTACHED

5. Mode of treatment with details: AUTO CLEANING, SHREDDING, INCENERATION

6. Any other information:

7. Certified that the above report is for the period from 1.1.13 TO 31.12.13

Date :03.01.14

Signature

3/1/14

Place..NEW DELHI..... Designation..MEDICAL SUPERINTENDANT.....

Fortis Hospital, Shalimar Bagh

Summary of Bio Medical Waste Generated during 01.01.2013 to 31.12.2013

MONTH	YELLOW BAG WEIGHT Kgs	RED BAG WEIGHT Kgs	BLUE/ SHARP BAG WEIGHT Kgs
JAN	1845	1585	332
FEB	1932	2554	296
MARCH	2053.97	3467.23	113
APRIL	2196	2728	114.15
MAY	2204	2247	140
JUNE	1805	1593	180
JULY	2028.1	2146.65	176.65
AUG	2221	2771.56	176.65
SEPT	2336.85	2906.7	980
OCT	2857.75	2334.3	981.9
NOV	2339	2986.15	1142.8
DEC	2442.6	2948.3	1252.1
TOTAL	26261.27	30267.89	5885.25

Handwritten signature: @pinder