Bio-medical Waste Management

MONTHLY REPORT

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

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Category	W/acta O	
YELLOW	Waste Quantity	Kg
RED	35	71.48
. NED	18	
WHITE	02	72.878
BLUE	o ² _	3.885-
TOTAL	C -4	4.030
	3+	152.273
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Certified that the above report is for the period from - 1/4/24 to 39/4/24

Designation : Medical Director