

FORM II
(see rule 10)

ANNUAL REPORT

(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: 011-45302211

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

3. Brief details of the treatment facility:

In case of off-site facility:

(i) Name of the operator: BIOTIC WASTE SOLUTIONS PVT. LTD.

(ii) Name and address of the facility: 46, SSI INDUSTRIAL AREA, G.T. KARNAL ROAD, DELHI- 110033

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

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

Date 15.01.15

Signature [Signature]

Place, NEW DELHI

Signature: MEDICAL SUPERINTENDANT

FORTIS HOSPITAL, SHALIMAR BAGH

SUMMARY OF BIO MEDICAL WASTE GENERATED DURING 01.01.2014 TO 31.12.2014

MONTH	YELLOW BAG WEIGHT KGS	RED BAG WEIGHT KGS	BLUE/SHARP BAG WEIGHT KGS
JAN	2242.85	2573.6	1142.2
FEB	2263.15	3110.7	1384.7
MAR	2447.1	3542.1	1486.3
APR	2157.8	3699.9	1391.8
MAY	2205.9	3740.3	1379.9
JUN	2181.1	4055.2	1301.8
JUL	1891.2	3447.9	999.1
AUG	2126.1	3802.1	1217.3
SEP	2163	4226.8	1076.5
OCT	1861	2983.57	1076.5
NOV	2089.8	3054.74	1221.3
DEC	1957.3	2737.8	1206.7
TOTAL:	25586.3	40974.71	14884.1

12/11/14