

Fortis Hospital

Chandigarh Road, Ludhiana

Tel.: +91-161-5222333

E-mail: contactus.ludhiana@fortishealthcare.c

Website: www.fortishealthcare.com Emergency: +91-161-5222222

To,

The Environment Engineer

Punjab Pollution Control Board

RO-3 Gill road Ludhiana (Punjab).

Sub-Annual report under the management & handling of Bio-Medical

Dear Sir,

Waste rule.

Please find hear with enclosed copy of annual report for the period from (1st January 2019 to 31st December 2019) Fortis Hospital Ltd. Mundian Kalan Chandigarh road Ludhiana Punjab.

Thanking Vou

Munda June

A UNIT OF FORTIS HOSPITALS LIMITED

Regd. Office: Escort Heart Institute and Research Centre, Okhla Road, New Delhi-110 025. Tel. +91-11-26825000, 26825001, Fax: +91-11-416258435 CIN - U93000DL2009PLC222166

Form – IV (See rule13) ANNUAL REPORT

[To be submitted to the prescribed authority on or before 30th June every year for the period from January to December of the preceding year, by the occupier of health care facility (HCF) or common bio-medical waste treatment facility (CBWTF)]

Particulars Particulars of the Occupier i) Name of the authorised person occupier or : operator of facility) (ii) Name of HCF or CBMWTF (iii) Address for Correspondence	:	Dr. Pinak Moudgil
i) Name of the authorised person occupier or : operator of facility) (ii) Name of HCF or CBMWTF		Dr. Pinak Moudgi)
occupier or : operator of facility) (ii) Name of HCF or CBMWTF		Dr. Pinak Moudgi)
		+
(iii) Address for Correspondence		Foxtis Hospital Ludhiana
	:	Mundian Knud Chandigal
(iv) Address of Facility		Ludhiana
(v)Tel. No, Fax. No	:	0115222333
(vi) E-mail ID	:	Pinak moudgil (a) fortisheathco
(vii) URL of Website	ı	http://cms/fortishealtncare.com/ Site/login
(viii) GPS coordinates of HCF or CBMWTF		30.8894 N- 75.9353 E
(ix) Ownership of HCF or CBMWTF	:	(State Government or Private of Semi Govt. or any other)
(x). Status of Authorisation under the Bio-Medical Waste (Management and Handling) Rules	:	Authorisation No. LDH3/2018/8049960 LDH3/2018/7046686 valid up to .31-93-202
(xi). Status of Consents under Water Act and Air Act	•	Valid up to: Water Consents - 31 03/21
Type of Health Care Facility	·	Air Consents - 31 3 202
(i) Bedded Hospital	:	No. of Beds: . 2.00
	(vi) E-mail ID (vii) URL of Website (viii) GPS coordinates of HCF or CBMWTF (ix) Ownership of HCF or CBMWTF (x). Status of Authorisation under the Bio-Medical Waste (Management and Handling) Rules (xi). Status of Consents under Water Act and Air Act Type of Health Care Facility	(vi) Tel. No, Fax. No (vi) E-mail ID (vii) URL of Website (viii) GPS coordinates of HCF or CBMWTF (ix) Ownership of HCF or CBMWTF (x). Status of Authorisation under the Bio-Medical Waste (Management and Handling) Rules (xi). Status of Consents under Water Act and Air Act Type of Health Care Facility (i) Bedded Hospital

	Research Institute or Veterinary Hospital o other) (iii) License number and its date of expiry	or any		LDH3 2018 8049960 LDH3 2018 7046886 Valid upto 31-03-2021
3.	Details of CBMWTF		:	Valla upto 31-03-2021
	(i) Number healthcare facilities covere CBMWTF	ed by	•	NA
	(ii) No of beds covered by CBMWTF		:	NIA
/	(iii) Installed treatment and disposal capac of CBMWTF:	ity	•	N/A Kg per day
	(iv) Quantity of biomedical waste treated or disposed by CBMWTF		i	NA Kg/day
4.	Quantity of waste generated or disposed in K annum (on monthly average basis)	g per		Yellow Category: Attached Red Category: Attached White: Attached Blue Category: Attached General Solid waste: Attached general
5	Details of the Storage, treatment, transportation	cessi	haste annox weight	
	(i) Details of the site storage : S	Size	:	
	facility Capacit			
			on-site storage : (cold storage or ovision)	

unit y r s Kg/ dispose day in kg per annum Incinerators Plasma Pyrolysis Autoclaves Microwave Hydroclave Shredder Needle tip cutter or destroyer Sharps encapsulation or concrete pit Deep burial pits: Chemical disinfection: Any other treatment equipment: (iii) Quantity of recyclable wastes sold to authorized recyclers after treatment in kg per annum. (iv) No of vehicles used for collection and transportation of biomedical waste (v) Details of incineration ash and ETP sludge generated and disposed during the treatment of wastes in Kg per annum (vi) Name of the Common Bio: Medical Waste Treatment Facility Operator through which wastes are disposed of (vii) List of member HCF not handed over bio-medical waste. Do you have bio-medical waste management committee? If yes, attach minutes of the meetings held during the reporting period Details trainings conducted on BMW		disposal facilities	1	Type of treatment	No	Cap	Quantity
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Details trainings conducted on BMW				*	von 15	, ,	
Details trainings conducted on BMW					meet	179.	
(i) Number of trainings conducted		Details trainings conducted on BMW				V	1000
(1) Trained of trainings conducted on		(i) Number of trainings conducted on					

	(ii) number of personnel trained	T	Attached
	(iii) number of personnel trained at the time of induction		Ytuacrea
	(iv) number of personnel not undergone any training so far		
	(v) whether standard manual for training is available?		d d
	(vi) any other information)	†	16
8	Details of the accident occurred during the year		Form 1 Accident Report Attache
	(i) Number of Accidents occurred	·	Nil
	(ii) Number of the persons affected		Nil
	(iii) Remedial Action taken (Please attach details if any)		Nil
	(iv) Any Fatality occurred, details.	··	
9.	Are you meeting the standards of air Pollution from the incinerator? How many times in last year could not met the standards?		Air Standards Maintained As per Norms
	Details of Continuous online emission monitoring systems installed		
10	Liquid waste generated and treatment methods in place. How many times you have not met the standards in a year?		Liquid woste Standards maintainer As per Norms
1	Is the disinfection method or sterilization meeting the log 4 standards? How many times you have not met the standards in a year?		Disinfection method Standards Maintained As per Norms
2	Any other relevant information	:	(Air Pollution Control Devices attached with the Incinerator)

Certified that the above report is for the period from	Ist Jan-2019 to 31st
Dec. 2019	151 Jun 2019 0 3151
Date: 22/06/20 MARINE Place LDH	Name and Signature of the Residual the Institution
	My

MINUTES OF MEETING

NAME OF UNIT: FORTIS HOSPITAL, LUDHIANA

1. Date & Time: 18.09.2019 @ 12:30 PM

2. Number of members attended: 14

Names of Members Present:

- Dr. Pinak Moudgil
- Mr. AP Singh
- Dr. Shally
- Dr. Vinay Singhal
- Dr. Benika Kajla
- Mrs. Arpita
- Mr. Sunit
- Dr. Balbir Kaur
- Mr. Ravikesh
- Sis. Asha Osmond
- Sis. Kirandeep Kaur
- Sis. Baneet Kang
- Mr. Rahul Soni
- Sis. Dimpy
- Agenda circulated prior to meeting (Yes/No): YES
- . Agenda for the meeting:
- Anti-HBS titre to be done for HK staff and contractual staff.
- Annual report submission.
- BMW related issues
- Any other issue/concern.

Details of action items open from previous meetings: 1

Action Item	Responsibility	Expected Closure Date	Inter Dependencies
Anti-HBS titre to be done for	HR	31/07/2019	Dr. Shally (pending
Dental, Radiology & Housekeeping			
contractual staff. And Engineering staff identified for			

Hazmat			
Annual report to be submitted by 30	Mr. Ravikesh	30/06/2019	closed
June.2019.			And the second s

7. Timelines and responsibilities to be defined.

Action Item	Responsibility	Expected Closure Date	Inter Dependencies
Anti-HBS titre to	HR	With immediate effect	Dr. Shally (pending)
De done for Dental, Radiology & Housekeeping contractual staff.			
And Engineering staff identified for Hazmat	1		0
White sharp containers discard policy:- when 3/4 th full (not one month)	Sis. Asha and Mr. Ravikesh	With immediate effect	Mrs. Arpita
White large (6L) sharp containers and laminated cardboard boxes for	Mr. Manpreet Singh and Mr. Ravikesh	With immediate effect	Mr. AP Singh
STP effluent test to be sent for regular monitoring of STP functions	Mr. Sunit		Mr. AP Singh

8. Signature of Chairman and Convener

July !

	S.No	HICC meet									
A VOICE	ogram Date	16th April. 2019									
	Trainer										
	Duration	03:15 Pm - 04:30 Pm									
	Unit	FHL		* * * * * * * * * * * * * * * * * * * *							
	5.No	Employee ID									
			Participant Name	Department	Signature						
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FHL Training Attendance Sheet

		FHL Training Attende	ance Sheet							
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rogram Date		18/09/2019								
Trainer										
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Duration	12.30 PM	n-01:50PM								
Unit	PHL									
S.No	Employee ID	Participant Name	Department	Signature						
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7	71442	Kahuf Son	CSSD	Core my						
8	71200	DR JP. SHARMA	AT AUSTINESIA	J. J. Mill						
9		Appile	Quality	a						
10		D. S. Mohora	- 5							
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12	71073	DR BINGA	BANIN	1						
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14	Strate Co		Hayara							
15 16	41348	Dr. Shally	Ms	Rolly						
17	70273	Dr. Heenakshi	Blood Bank	H.X						
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ACCIDENT REPORTING

- 1. Date and time of accident: Nil
- 2. Type of Accident: wil
- 3. Sequence of events leading to accident: NA
- 4. Has the Authority been informed imm0/ediately: NA
- 5. The type of waste involved in accident: WA
- 6. Assessment of the effects of the accidents on human health and the environment: NA
- 7. Emergency measures taken: NA
- 8. Steps taken to alleviate the effects of accidents: NA
- 9. Steps taken to prevent the recurrence of such an accident: WA
- 10. Does you facility has an Emergency Control policy? If yes give details:

Date 1 NC 2019	Signature	Bouth
Place Ludhana	Digitature	Ico

(Ms) (Ms) (Ms)

Baneet Korg IN 70833

ACCIDENT REPORTING

- 1. Date and time of accident: Nil
- 2. Type of Accident: Will
- 3. Sequence of events leading to accident: NA
- 4. Has the Authority been informed imm0/ediately: NA
- 5. The type of waste involved in accident: NA
- 6. Assessment of the effects of the accidents on human health and the environment: NA
- 7. Emergency measures taken: NA
- 8. Steps taken to alleviate the effects of accidents: NA
- 9. Steps taken to prevent the recurrence of such an accident:
- 10. Does you facility has an Emergency Control policy? If yes give details:

Date 01-01-2020. Signature	Buile
Placedudhana	IW

John June Stally Sigso) (MOD HK) Barret Karg 10833 (Ten)

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FORM I

ACCIDENT REPORTING

- 1. Date and time of accident: Nil
- 2. Type of Accident: Nil
- 3. Sequence of events leading to accident: NA
- 4. Has the Authority been informed imm0/ediately: NA
- 5. The type of waste involved in accident: NA
- 6. Assessment of the effects of the accidents on human health and the environment:
- 7. Emergency measures taken: NA
- 8. Steps taken to alleviate the effects of accidents: NA
- 9. Steps taken to prevent the recurrence of such an accident: NA
- 10. Does you facility has an Emergency Control policy? If yes give details:

Date 2 Nov. 2019. Signature. Build
Place Ludhiana. Ico

Baneit Karg 70833 (Zero)

My CSO) (MS)

ACCIDENT REPORTING

- 1. Date and time of accident: Nil
- 2. Type of Accident: Nil
- 3. Sequence of events leading to accident: NA
- 4. Has the Authority been informed imm0/ediately:\NA
- 5. The type of waste involved in accident: NA
- 6. Assessment of the effects of the accidents on human health and the environment: NA
- 7. Emergency measures taken: NA
- 8 Steps taken to alleviate the effects of accidents: NA
- 9. Steps taken to prevent the recurrence of such an accident: NA
- 10. Does you facility has an Emergency Control policy? If yes give details:

Date 1. oct 2019.	Signature	Barily
PlaceLudhiana		Ico.

Shally (M5) Baneet Karg (zer)

MINUTES OF MEETING

NAME OF UNIT: FORTIS HOSPITAL, LUDHIANA

L. Date & Time: 16.04.2019 @ 2:30 PM

Number of members attended: 12

Names of Members Present:

- Dr. Pinak Moudgil
- Dr. Shelly
- Dr. Vinay Singhal
- Dr. Benika Kajla
- Mrs. Arpita
- Dr. Gurpreet
- Dr. Balbir Kaur
- Sis. Asha Osmond
- Sis. Kirandeep
- Sis. Baneet Kang
- Mr. Ravikesh
- Mr. Rahul Soni
- 4 Agenda circulated prior to meeting (Yes/No): YES
- 5 · Agenda for the meeting:
- Anti-Hbs titre to be done for HK staff and contractual staff.
- Annual report submission.
- BMW related issues
- Any other issue/concern.

6. Details of action items open from previous meetings: 1

Action Item	Responsibility	Expected Closure Date	Inter Dependencies
Anti-Hbs titre to be done for	HR	31/12/18	pending
Dental, Radiology & Housekeeping contractual staff.			
And Engineering staff identified for Hazmat			

Bioassay test of STP –effluent	Mr Sumit	15/12/18	closed	
sample collected on 6/8/18- Failed				
To get retest done.				

7. Timelines and responsibilities to be defined for changed BMW rule 2016.

Action Item	Responsibility	Expected Closure Date	Inter Dependencies
Anti-Hbs titre to be done for Dental, Radiology & Housekeeping contractual staff. And Engineering staff identified for Hazmat	HR	31/07/19	Dr. Shally (pending)
Annual report to be submitted by 30 June.2019.	Mr. Ravikesh	30/06/2019	Mr. AP Singh

8 Signature of Chairman and Convener.



ACCIDENT REPORTING

- 1. Date and time of accident: NIL
- 2. Type of Accident: NIL
- 3. Sequence of events leading to accident: wa
- 4. Has the Authority been informed imm0/ediately: NA
- 5. The type of waste involved in accident: NA
- 6. Assessment of the effects of the accidents on human health and the , environment:NA
- 7. Emergency measures taken: NA
- 8. Steps taken to alleviate the effects of accidents: NA
- 9. Steps taken to prevent the recurrence of such an accident: NA
- 10 Does you facility has an Emergency Control policy? If yes give details:

Date 2nd Sept. 2019 Signature...

ACCIDENT REPORTING

- Date and time of accident: ALL
- 2. Type of Accident: NIL
- 3. Sequence of events leading to accident: NA
- 4. Has the Authority been informed imm0/ediately: NA
- 5. The type of waste involved in accident: NA
- 6. Assessment of the effects of the accidents on human health and the environment: NA
- T. Emergency measures taken: NA
- 8. Steps taken to alleviate the effects of accidents: NA
- 1). Steps taken to prevent the recurrence of such an accident: NA
- 0. Does you facility has an Emergency Control policy? If yes give details:

Date 1 August 2019 Signature. Boxila

Mring)

Jaly

Grander Kour

ACCIDENT REPORTING

- 1. Date and time of accident: NIL
- 2. Type of Accident: NIL
- 3. Sequence of events leading to accident: NA
- 4: Has the Authority been informed imm0/ediately: NA
- 5. The type of waste involved in accident: NA
- 6. Assessment of the effects of the accidents on human health and the environment: NA
- 7. Emergency measures taken: NA
- 8. Steps taken to alleviate the effects of accidents: wA
- 9. Steps taken to prevent the recurrence of such an accident: NA
- 10. Does you facility has an Emergency Control policy? If yes give details:

Date 1st july 2019 Signature builty co...

June June

Shally

Kirander Bur (Ier) Fanos

ACCIDENT REPORTING

- Date and time of accident: NIV
- 2. Type of Accident: NIL
- 3. Sequence of events leading to accident: w4
- 4. Has the Authority been informed imm0/ediately: **
- 5. The type of waste involved in accident: NA
- 6 Assessment of the effects of the accidents on human health and the environment: NA
- 7 Emergency measures taken: WA
- 8 Steps taken to alleviate the effects of accidents: NP
- 9. Steps taken to prevent the recurrence of such an accident: NA
- 10. Does you facility has an Emergency Control policy? If yes give details:

Date 1 June 2019 Signature Butter

Print (HK MOD)

Kirander Hour

May 0

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FORM I

ACCIDENT REPORTING

- 1. Date and time of accident: MIL
- 2. Type of Accident: NIL
- 3. Sequence of events leading to accident: NA
- 4. Has the Authority been informed imm0/ediately: NA
- 5. The type of waste involved in accident: NA
- 6. Assessment of the effects of the accidents on human health and the environment: NA
- 7. Emergency measures taken: NA
- 8. Steps taken to alleviate the effects of accidents: NA
- 9. Steps taken to prevent the recurrence of such an accident: NA
- 10. Does you facility has an Emergency Control policy? If yes give details:

Date 1 May 2019 Signature Bride (200)

Chead scenning)

Court (South

45)

Kirandeep kaur (IEN)

ACCIDENT REPORTING

- 1. Date and time of accident: NIL
- 2. Type of Accident: NIL
- 3. Sequence of events leading to accident: NA
- 4. Has the Authority been informed immediately: NA
- 5. The type of waste involved in accident: NA
- 6. Assessment of the effects of the accidents on human health and the environment: NA
- 7. Emergency measures taken: NA
- 8. Steps taken to alleviate the effects of accidents: NA
- 9. Steps taken to prevent the recurrence of such an accident: NA

10 Does you facility has an Emergency Control policy? If yes give details:

Date of April 2019. Signature Bende Shalls

(4000d security)

Control Control

Kirandeep kan

ACCIDENT REPORTING

- Date and time of accident: NIL
- 2. Type of Accident: NIL
- Sequence of events leading to accident: NA
- 4. Has the Authority been informed immediately: WA
- 5. The type of waste involved in accident: NA
- 6. Assessment of the effects of the accidents on human health and the environment: NA
- 7. Emergency measures taken: NA
- 8. Steps taken to alleviate the effects of accidents: NA
- 9. Steps taken to prevent the recurrence of such an accident: NA
- 19. Does you facility has an Emergency Control policy? If yes give details:

Date 01 st Mar. 2019 Signature Davide
Pace Ludhiana (Ico)

Amtant officer

(Amtanty)

(Amtanty)

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ACCIDENT REPORTING

- 1. Date and time of accident: NIL
- 2. Type of Accident: NA
- 3. Sequence of events leading to accident: NA
- 4. Has the Authority been informed immediately: NA
- 5. The type of waste involved in accident: NA
- 6. Assessment of the effects of the accidents on human health and the environment: NA
- 7. Emergency measures taken: NA
- 8. Steps taken to alleviate the effects of accidents: NA
- 9. Steps taken to prevent the recurrence of such an accident: NA
- 10. Does you facility has an Emergency Control policy? If yes give details:

Date 01.02.2019 Signature Benilo

Place Administration

Kirander Kour

ACCIDENT REPORTING

- 1. Date and time of accident: NIL
- 2. Type of Accident: NA
- 3. Sequence of events leading to accident: NA
- 4. Has the Authority been informed immediately: NA
- 5. The type of waste involved in accident: wa
- 6. Assessment of the effects of the accidents on human health and the environment: NA
- 7. Emergency measures taken: NA
- 8. Steps taken to alleviate the effects of accidents: NA
- Steps taken to prevent the recurrence of such an accident: WA
- 10. Does you facility has an Emergency Control policy? If yes give details:

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Date Ol. 01, 2019	C:		0 . 50
Diago hidi.	Signature	Λ	Der
Place Ludhiana			Iw

(Hop Security)

(Hop Security)

TOTAL TRAININGS	MONTH	TOTAL TRAINEES
		44/
		4.10
BMW TRAININGS	JAN.19	29
	JAN.19	30
	JAN.19	30
	JAN.19	27
	TOTAL	116
BMW TRAININGS	FEB.19	25
	FEB.19	31
	FEB.19	27
	FEB.19	21
	TOTAL	104
BMW TRAININGS	MAR. 19	35
	MAR. 19	25
	MAR. 19	25
	MAR. 19	35
	TOTAL	120
BMW TRAININGS	APR.19	32
	APR.19	28
	APR.19	32
	APR.19	32
	TOTAL	124
BMW TRAININGS	MAY.19	30
	MAY.19	31
	MAY.19	36
	MAY.19	33
	TOTAL	130
BMW TRAININGS	JUNE.19	. 35
	JUNE.19	39
	JUNE.19	40
	JUNE.19	39
	TOTAL	153
BMW TRAININGS	JULY.19	36
Siviv Tivilitines	JULY.19	32
	JULY.19	41
	JULY.19	38
	TOTAL	147
BMW TRAININGS	AUG.19	32
DIVIV TRAININGS	AUG.19	35
	AUG.19	41
	AUG.19	28
	TOTAL	136
BMW TRAININGS	SEP.19	33
PIALAN LIVERINATION	SEP.19	30
	SEP.19	20
		39
	SEP.19	122
DAMA TRAINING	TOTAL OCT 10	WHEN AND THE PROPERTY OF THE PARTY OF THE PROPERTY OF THE PROPERTY.
BMW TRAININGS	OCT.19	38

OCT.19	4			35
OCT.19				35
OCT.19				. 29
TOTAL				137
NOV.19				34
NOV.19				36
NOV.19		2		33
NOV.19				34
TOTAL				137
DEC.19			 	38
DEC.19		104.0		33
DEC.19				33
DEC.19				39
TOTAL				143
				100

TOTAL TRAININGS

BMW TRAININGS

BMW TRAININGS

1569



S.No Month Bags Total Wt					Yellow Category	ategory	Cytotoxi Cate	Cytotoxic/ Yellow Category	10 10 10 10 10 10 10 10 10 10 10 10 10 1	tegory.	White Category	itegory
Month Bags Total Wt Bags Lotal Wt Robin Wt Lotal Wt Lotal Wt Robin Wt Lotal Wt Robin Wt Lotal Wt Robin Wt		A			Total		Total	To 401 18/4	Total	Total Wt	Total	Total Wt.
Dec-19 414 1080.96 282 873.73 31 173.89 85 499.53 64 36 Nov-19 623 877.33 355 864.1 28 198.91 109 666.42 47 35 355 864.1 28 198.91 109 666.42 47 35 355 864.1 28 198.91 109 666.42 47 35 355 864.1 28 187.39 107 17 375 828.21 28 187.39 107 578.98 49 415.62 39 101-19 608 877.13 368 713.25 32 183.07 84 415.62 39 2 3 101-19 605 812.56 367 852.93 30 219.83 85 486.53 59 33 Nov-19 662 936.07 413 818.37 28 178.01 83 447.3 46 2 4 Nor-19 662 852.96 460 857.42 34 161.52 109 486.32 51 51 51 51 51 51 51 51 51 51 51 51 51	S. No	Month		Total Wt.	Bads	Total Wt.	Bags	lotal W.L	Bags)	Bags	
Nov-19 673 877.33 355 864.1 28 198.91 109 666.42 47 36 100.4-19 623 1077.33 355 864.1 28 179.68 112 681.26 50 370.4-19 639 1077 375 828.21 28 187.39 107 578.98 49 41 678.39 631 858.28 372 669.88 29 187.36 110 517.53 43 22 101-19 608 877.13 368 713.25 32 183.07 84 415.62 39 23 101-19 605 812.56 367 852.93 30 219.83 85 486.53 59 33 219.41 104 495.9 53 34 475.3 40 22 40 40 40 40 40 40			Days	400000	282	873 73	31	173.89	85	499.53	64	30.81
Nov-19 623 077.35 077.	9	Dec-19	4 4	02.001	255	864 1	28	198.91	109	666.42	47	35.86
Oct-19 639 1057.1 375 828.21 28 187.39 107 578.98 49 41 Sep-19 594 970.17 375 828.21 28 110 517.53 43 22 Aug-19 631 858.28 372 669.88 29 187.36 110 517.53 43 22 Jul-19 608 877.13 368 713.25 32 183.07 84 415.62 39 28 Jul-19 608 812.56 367 852.93 30 219.83 85 486.53 59 39 28 Jul-19 662 812.56 461 818.37 28 178.01 83 447.3 465.95 34 447.3 466.35 51 36 36 466.35 51 36 36 447.3 466.35 51 36 36 466.35 41 44 466.35 51 36 36 466.35 51 </td <td>7</td> <td>Nov-19</td> <td>623</td> <td>40574</td> <td>264</td> <td>037.70</td> <td>200</td> <td>179.68</td> <td>112</td> <td>681.26</td> <td>50</td> <td>39</td>	7	Nov-19	623	40574	264	037.70	200	179.68	112	681.26	50	39
Sep-19 594 970.17 372 669.88 29 187.36 110 517.53 43 28 28 29 32 32 32 32 32 32 32	80	Oct-19	638	1.020	375	828.27	286	187.39	107	578.98	49	41.38
Aug-19 651 850.20 512 500.20 32 183.07 84 415.62 39 28 Jul-19 608 877.13 368 713.25 32 219.83 85 486.53 59 3 Jul-19 605 812.56 367 852.93 30 219.83 85 486.53 59 3 Apr-19 602 808.91 434 759.51 32 204.64 104 495.9 53 31 Apr-19 682 936.07 413 818.37 28 178.01 83 447.3 46 27 Apr-19 682 936.07 461 837.02 34 211.4 114 566.35 41 4 Feb-19 642 852.96 460 857.42 34 161.52 109 439.52 44 3 Apr-19 662 852.96 460 857.42 34 161.52 109 439.52 <	6	Sep-19	534	970.17	273	88088	200	187.36	110	517.53	43	29.98
Jul-19 608 817.13 300 713.23 30 219.83 85 486.53 59 3 Jun-19 605 812.56 367 852.93 30 219.83 85 486.53 59 33 Jun-19 682 936.07 413 818.37 28 178.01 83 447.3 46 22 Apr-19 682 936.07 413 818.37 28 178.01 83 447.3 46 22 Mar-19 735 1210.56 461 837.02 34 211.4 114 566.35 41 4 Feb-19 642 839.48 426 768.18 31 196.66 99 466.32 51 51 51 Jan-19 662 852.96 460 857.42 34 161.52 109 439.52 44 3 7563 11281.51 4674 9779.89 366 2282.36 , 1201 6261.26 586	10	Aug-19	631	07.000	210	742.05	32	183 07	84	415.62	39	28.78
Jun-19 605 812.56 367 032.33 30 204.64 104 495.9 53 33 48y-19 728 908.91 434 759.51 32 204.64 104 495.9 53 33 46r-19 682 936.07 413 818.37 28 178.01 83 447.3 46 22 447.3 662 852.96 460 857.42 34 161.52 109 439.52 44 3 3 11281.51 4674 9779.89 366 2282.36 1201 6261.26 586 5 6 7 10 10 10 10 10 10 10 10 10 10 10 10 10	11	Jul-19	809	8//.13	200	050 050	30	219.83	85	486.53	59	31.82
May-19 728 908.91 434 759.51 32 204.64 104 450.9 508.91 434 759.51 32 204.64 104 450.9 508.91 434 13 818.37 28 178.01 83 447.3 46 20 20 20 20 20 20 20 20 20 20 20 20 20	12	Jun-19	605	812.56	36/	657.33	200	20.012	707	105.0	53	38 16
Apr-19 682 936.07 413 818.37 28 178.01 83 441.3 40 56 56 56 56 56 56 56 56 56 56 56 56 56	13	Mav-19	728	908.91	434	759.51	32	204.64	2 2	130.3	3	20 70
Mar-19 735 1210.56 461 837.02 34 211.4 114 566.35 41 44 42 42 42 42 42 42	24	Anr-19	682	936.07	413	818.37	28	178.01	83	447.3	40	61.67
Mar-19 735 1213.3 426 768.18 31 196.66 99 466.32 51 31 51 51 52 52 52 54 52 54 52 56 56 56 56 56 56 56	4	0. 10.	725	1210 SE	461	837.02	34	211.4	114	566.35	41	47.98
Feb-19 642 633.40 420 657.42 34 161.52 109 439.52 44 3 3 3 3 3 3 3 3	15	Mar-19	133	020 40	ACA.	768 18	34	196.66	66	466.32	51	39.3
Jan-19 662 852.96 400 031.72 36 2282.36 1201 6261.26 586	16	Feb-19	047	039.40	024	057.42	34	161.52	109	439.52	44	37.76
11281.51 4674 9779.89 366 2282.36 1201 0201.20 000	17	Jan-19	299	852.90	400		5	20:10:			586	
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GDA TRAINING DATA

NO	Training By	Training	Date	No. of training employee
1	Sis Kiran	BMW	02/01/2019	0
2	Sis Kiran	BMW	15/01/2019	31
3		BMW	25/01/2019	24
4	Sis Kiran	BMW	29/01/2019	23
5	Sis Kiran	BMW	05/02/2019	16
6	Sis Kiran	BMW	12/02/2019	22
7.	Sis Kiran	BMW	19/02/2019	26
8	Sis Kiran	BMW	05/03/2019	18
9	Sis Kiran	BMW	12/04/2019	17
LO	Sis Kiran	BMW	30/04/2019	\ 14
12	Sis Kiran	BMW	02/05/2019	11
12	Sis Kiran	BMW	10/05/2019	17
13	priyanka	BMW .	07/06/2019	18
14.	Sis Kiran	BMW	18/06/2019	14
15	Sis Baneet	BMW	20/06/2019	11
16	Sis Kiran	BMW	04/07/2019	20
17	Sis Kiran	BMW	11/07/2019	16
18	Sis Kiran	BMW	22/08/2019	- 11
19	Sis Kiran	BMW	29/08/2019	14
20	priyanka	BMW	19/09/2019	21
2:	Sis Baneet	BMW	25/09/2019	28
2.	Sis Kiran	BMW	15/010/2019	13
2.3	Sis Kiran	BMW	18/10/2019	18
24	Sis Kiran	BMW	24/10/2019	24
21	Sis Kiran	BMW	25/10/2109	20
26.	Sis Baneet	BMW	04/11/2019	19
2	Sis Baneet	BMW	15/011/2019	16
28	Sis Baneet	BMW	19/11/2109	13
25	Sis Baneet	BMW	26/11/2109	18
30	Sis Baneet	BMW	29/11/2109	16
3.	priyanka	BMW	03/12/2109	13
3.	priyanka	BMW	10/12/2019	15
3	Sis Baneet	BMW	17/12/2019	33

619

