

FORM-II
(See Rule-10)
ANNUAL REPORT

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

1. Particulars of the applicant

(i) Name of the authorized person: Dr. Purusthona Mahanta (MOYC)
(Occupier/operator)

(ii) Name of the institution: C.H.C. Patna
Address: Patna, Keonjhar
Tel. No.: 9439987826
Telex No.:
Fax No.:

2. Categories of waste generated: CAT-I - 20 Kg (Body parts)
and quantity on a monthly CAT-III - 5 Kg (Microbiological waste)
average basis CAT-IV - 8 Kg (Sharp waste)
CAT-VI - 7 Kg (Solid waste)
CAT-VII - 25 Kg (Solid waste General)
CAT-VIII - 1500 Ltr (Liquid waste)

3. Brief details of the treatment facility

In case off-site facility
i) Name of the operator: NA

ii) Name and address of the facility

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

4. Category-wise quantity of waste treated:

CAT-I - Deep Burial - 200 Kg
CAT-III - Chemical Treatment with Bleaching Solution - 50 Kg
CAT-IV - Sharp pit after treatment with Bleaching Solution - 80 Kg
CAT-VI - Chemical Treatment with Bleaching Solution - 60 Kg
CAT-VIII - Chemical Treatment with Bleaching Solution - 15000 Ltr

5. Mode of treatment with details: and discharge in to drain.

- As above -

6. Any other information:

Certified that the above report is for the period from 01.01.2015 to

31.12.2015

Date: 06.03.2017

Place: Patna

Signature

Mahanta
6/3/2017

Designation

**Medical Officer I/C
C.H.C. Patna**