

FORM-II  
(See Rule-10)  
ANNUAL REPORT

(To be submitted to the prescribed authority by 31<sup>st</sup> January every year)

1. Particulars of the applicant

(i) Name of the authorized person: Dr. Purusottama Mahanta (MO/IC)  
(Occupier/operator)

(ii) Name of the institution: C.H.C. Patna

Address: Patna, Keonjhar

Tel. No.:

Telex No.:

Fax No.:

2. Categories of waste generated:  
and quantity on a monthly  
average basis

CAT-I - 20 Kg  
CAT-III - 3 Kg  
CAT-IV - 9 Kg  
CAT-VI - 10 Kg  
CAT-VII - 25 Kg  
CAT-VIII - 1500 Ltr.

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 - 200 Kg  
CAT-III - 30 Kg  
CAT-IV - 90 Kg  
CAT-VI - 100 Kg  
CAT-VIII - 1500 Ltr.

5. Mode of treatment with details:

CAT-I - Deep Burial with Bleaching 5% sol<sup>n</sup>  
CAT-III & VI - Chemical Treatment with Bleaching Solution  
CAT-IV - Sharp Pit after treatment with Bleaching Solution  
CAT-VIII - Chemical Treatment with Bleaching Solution 5% and  
discharge in to drain.

6. Any other information:

Certified that the above report is for the period from 01.01.2016 to

31.12.2016

Date: 06.03.2017

Place: Patna

Signature: Mahanta

Designation: 6/3/2017

Medical Officer IC  
C.H.C. Patna