

MONTHLY REPORT

1. Particulars of the applicant

(i) Name of the authorized person (occupier / operator) : SUPERINTENDENT, M R BANGUR HOSPITAL

(ii) Name & Address of the Institution : M R BANGUR HOSPITAL, 241, D. P. S. ROAD, TOLLYGUNGE, KOLKATA - 33

Tele No. - 033-2473-3354

Fax No. - NIL

2. Category of waste (as per schedule-I of the rule) generated and quantity for the month of MARCH-2024

Category	Waste Quantity		Category	Waste Quantity	
Category No. 1	2943.20	Kg.	Category No. 6	3311.10	Kg.
Category No. 2	—	Kg.	Category No. 7	—	Kg.
Category No. 3	735.80	Kg.	Category No. 8	—	Kg.
Category No. 4	467.00	Kg.	Category No. 9	—	Kg.
Category No. 5	367.30	Kg.	Category No. 10	—	Kg.

3. Brief details of the treatment facility:

In case off-side facility :

(i) Name of the Operator : GREENTECH ENVIRON MANAGEMENT PVT. LTD.

(ii) Name and Address of the facility : AMRATALA, DHAMUA ROAD, PO- CHAKRAPRAN, KANTAKHALI,
PS-MAGRAHAT, DISTRICT - SOUTH 24 PGS

Tele No. _____

Fax No. _____

4. Category wise quantity of waste treated:

(i) Incineration / Burial (Yellow Bag) : 7358.00 kg.

(ii) Autoclave / Microwave (Red Bag) : 5813.00 kg.

5. Mode of treatment with details: _____

6. Any other Information: _____

7. Certified that the above report is for the period from 01-MAR-2024 to 31-MAR-2024.

Date: 25/9/24
Place : Kolkata


25/9/24
SIGNATURE

MONTHLY REPORT

1. Particulars of the applicant

(i) Name of the authorized person (occupier / operator) : SUPERINTENDENT, M R BANGUR HOSPITAL

(ii) Name & Address of the Institution : M R BANGUR HOSPITAL, 241, D. P. S. ROAD
TOLLYGUNGE, KOLKATA - 33

Tele No. - 033-2473-3354

Fax No. - NIL

2. Category of waste (as per schedule-I of the rule) generated and quantity for the month of : APRIL-2024

Category	Waste Quantity	Category	Waste Quantity
Category No. 1	2278.4 Kg.	Category No. 6	2563.2 Kg.
Category No. 2	X Kg.	Category No. 7	X Kg.
Category No. 3	569.6 Kg.	Category No. 8	X Kg.
Category No. 4	419 Kg.	Category No. 9	X Kg.
Category No. 5	284.8 Kg.	Category No. 10	X Kg.

3. Brief details of the treatment facility:

In case off-side facility :

(i) Name of the Operator : GREENTECH ENVIRON MANAGEMENT PVT. LTD.

(ii) Name and Address of the facility : AMRATALA, DHAMUA ROAD, PO- CHAKRAPRAN, KANTAKHALI,
PS-MAGRAHAT, DISTRICT - SOUTH 24 PGS

Tele No. _____

Fax No. _____

4. Category wise quantity of waste treated:

(i) Incineration / Burial (Yellow Bag) : 5696 KG

(ii) Autoclave / Microwave (Red Bag) : 3541 KG

5. Mode of treatment with details: _____

6. Any other Information: _____

7. Certified that the above report is for the period from : 01-APRIL-2024 to 30-APRIL-2024

Date : 25/9/24

Place : Kolkata


Signature



MONTHLY REPORT

1. Particulars of the applicant

(i) Name of the authorized person (occupier / operator) : SUPERINTENDENT, M R BANGUR HOSPITAL

(ii) Name & Address of the Institution : M R BANGUR HOSPITAL, 241, D. P. S. ROAD
TOLLYGUNGE, KOLKATA - 33

Tele No. - 033-2473-3354

Fax No. - NIL

2. Category of waste (as per schedule-I of the rule) generated and quantity for the month of : MAY-2024

Category	Waste Quantity	Category	Waste Quantity
Category No. 1	3149.6 Kg.	Category No. 6	3543.3 Kg.
Category No. 2	X Kg.	Category No. 7	X Kg.
Category No. 3	787.4 Kg.	Category No. 8	X Kg.
Category No. 4	534 Kg.	Category No. 9	X Kg.
Category No. 5	393.7 Kg.	Category No. 10	X Kg.

3. Brief details of the treatment facility:

In case off-side facility :

(i) Name of the Operator : GREENTECH ENVIRON MANAGEMENT PVT. LTD.

(ii) Name and Address of the facility : AMRATALA, DHAMUA ROAD, PO- CHAKRAPRAN, KANTAKHALI,
PS-MAGRAHAT, DISTRICT - SOUTH 24 PGS

Tele No. _____

Fax No. _____

4. Category wise quantity of waste treated:

(i) Incineration / Burial (Yellow Bag) : 7874 KG

(ii) Autoclave / Microwave (Red Bag) : 4263 KG

5. Mode of treatment with details: _____

6. Any other Information: _____

7. Certified that the above report is for the period from : 01-MAY-2024 to 31-MAY-2024

Date : 25/9/24

Place : Kolkata


Signature



MONTHLY REPORT

1. Particulars of the applicant

(i) Name of the authorized person (occupier / operator) : SUPERINTENDENT, M R BANGUR HOSPITAL

(ii) Name & Address of the Institution : M R BANGUR HOSPITAL, 241, D. P. S. ROAD
TOLLYGUNGE, KOLKATA - 33

Tele No. - 033-2473-3354

Fax No. - NIL

2. Category of waste (as per schedule-I of the rule) generated and quantity for the month of : JUNE-2024

Category	Waste Quantity	Category	Waste Quantity
Category No. 1	4275.6 Kg.	Category No. 6	4810.05 Kg.
Category No. 2	X Kg.	Category No. 7	X Kg.
Category No. 3	1068.9 Kg.	Category No. 8	X Kg.
Category No. 4	181 Kg.	Category No. 9	X Kg.
Category No. 5	534.45 Kg.	Category No. 10	X Kg.

3. Brief details of the treatment facility:

In case off-side facility :

(i) Name of the Operator : GREENTECH ENVIRON MANAGEMENT PVT. LTD.

(ii) Name and Address of the facility : AMRATALA, DHAMUA ROAD, PO- CHAKRAPRAN, KANTAKHALI,
PS-MAGRAHAT, DISTRICT - SOUTH 24 PGS

Tele No. _____

Fax No. _____

4. Category wise quantity of waste treated:

(i) Incineration / Burial (Yellow Bag) : 10689 KG

(ii) Autoclave / Microwave (Red Bag) : 3339 KG

5. Mode of treatment with details: _____

6. Any other Information: _____

7. Certified that the above report is for the period from : 01-JUNE-2024 to 30-JUNE-2024

Date : 25/9/24

Place : Kolkata


Signature



MONTHLY REPORT

1. Particulars of the applicant

(i) Name of the authorized person (occupier / operator) : SUPERINTENDENT, M R BANGUR HOSPITAL

(ii) Name & Address of the Institution : M R BANGUR HOSPITAL, 241, D. P. S. ROAD
TOLLYGUNGE, KOLKATA - 33

Tele No. - 033-2473-3354

Fax No. - NIL

2. Category of waste (as per schedule-I of the rule) generated and quantity for the month of : JULY-2024

Category	Waste Quantity	Category	Waste Quantity
Category No. 1	3958 Kg.	Category No. 6	4453 Kg.
Category No. 2	X Kg.	Category No. 7	X Kg.
Category No. 3	989 Kg.	Category No. 8	X Kg.
Category No. 4	222 Kg.	Category No. 9	X Kg.
Category No. 5	494 Kg.	Category No. 10	X Kg.

3. Brief details of the treatment facility:

In case off-side facility :

(i) Name of the Operator : GREENTECH ENVIRON MANAGEMENT PVT. LTD.

(ii) Name and Address of the facility : AMRATALA, DHAMUA ROAD, PO- CHAKRAPRAN, KANTAKHALI,
PS-MAGRAHAT, DISTRICT - SOUTH 24 PGS

Tele No. _____

Fax No. _____

4. Category wise quantity of waste treated:

(i) Incineration / Burial (Yellow Bag) : 9896 KG

(ii) Autoclave / Microwave (Red Bag) : 3752 KG

5. Mode of treatment with details: _____

6. Any other Information: _____

7. Certified that the above report is for the period from : 01-JULY-2024 to 30-JULY-2024

Date : 25/7/24

Place : Kolkata


/ Signature



MONTHLY REPORT

1. Particulars of the applicant

(i) Name of the authorized person (occupier / operator) : SUPERINTENDENT, M R BANGUR HOSPITAL

(ii) Name & Address of the Institution : M R BANGUR HOSPITAL, 241, D. P. S. ROAD
TOLLYGUNGE, KOLKATA - 33

Tele No. - 033-2473-3354

Fax No. - NIL

2. Category of waste (as per schedule-I of the rule) generated and quantity for the month of : AUG-2024

Category	Waste Quantity	Category	Waste Quantity
Category No. 1	4332.4 Kg.	Category No. 6	4873.95 Kg.
Category No. 2	X Kg.	Category No. 7	X Kg.
Category No. 3	1083.1 Kg.	Category No. 8	X Kg.
Category No. 4	263 Kg.	Category No. 9	X Kg.
Category No. 5	541.55 Kg.	Category No. 10	X Kg.

3. Brief details of the treatment facility:

In case off-side facility :

(i) Name of the Operator : GREENTECH ENVIRON MANAGEMENT PVT. LTD.

(ii) Name and Address of the facility : AMRATALA, DHAMUA ROAD, PO- CHAKRAPRAN, KANTAKHALI,
PS-MAGRAHAT, DISTRICT - SOUTH 24 PGS

Tele No. _____

Fax No. _____

4. Category wise quantity of waste treated:

(i) Incineration / Burial (Yellow Bag) : 10831 KG

(ii) Autoclave / Microwave (Red Bag) : 3540 KG

5. Mode of treatment with details: _____

6. Any other Information: _____

7. Certified that the above report is for the period from : 01-AUG-2024 to 31-AUG-2024

Date : 25/9/24

Place : Kolkata


Signature



MONTHLY REPORT

1. Particulars of the applicant

(i) Name of the authorized person (occupier / operator) : SUPERINTENDENT, M R BANGUR HOSPITAL

(ii) Name & Address of the Institution : M R BANGUR HOSPITAL, 241, D. P. S. ROAD
TOLLYGUNGE, KOLKATA - 33

Tele No. - 033-2473-3354

Fax No. - NIL

2. Category of waste (as per schedule-I of the rule) generated and quantity for the month of : SEP-2024

Category	Waste Quantity	Category	Waste Quantity
Category No. 1	4222.8 Kg.	Category No. 6	4873.95 Kg.
Category No. 2	X Kg.	Category No. 7	X Kg.
Category No. 3	1083.1 Kg.	Category No. 8	X Kg.
Category No. 4	167 Kg.	Category No. 9	X Kg.
Category No. 5	541.55 Kg.	Category No. 10	X Kg.

3. Brief details of the treatment facility:

In case off-side facility :

(i) Name of the Operator : GREENTECH ENVIRON MANAGEMENT PVT. LTD.

(ii) Name and Address of the facility : AMRATALA, DHAMUA ROAD, PO- CHAKRAPRAN, KANTAKHALI,
PS-MAGRAHAT, DISTRICT - SOUTH 24 PGS

Tele No. _____

Fax No. _____

4. Category wise quantity of waste treated:

(i) Incineration / Burial (Yellow Bag) : 10557 KG

(ii) Autoclave / Microwave (Red Bag) : 3678 KG

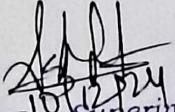
5. Mode of treatment with details: _____

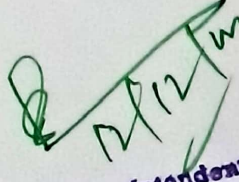
6. Any other Information: _____

7. Certified that the above report is for the period from : 01-SEP-2024 to 30-SEP-2024

Date : __/__/____

Place : Kolkata


Dy. Superintendent
M. R. B & M. R. B.S.S.H
Tollygunge, Kolkata-700 033


Signature Superintendent
M.R. Bangur Hospital
Kolkata 700033



MONTHLY REPORT

1. Particulars of the applicant

(i) Name of the authorized person (occupier / operator) : SUPERINTENDENT, M R BANGUR HOSPITAL

(ii) Name & Address of the Institution : M R BANGUR HOSPITAL, 241, D. P. S. ROAD
TOLLYGUNGE, KOLKATA - 33

Tele No. - 033-2473-3354

Fax No. - NIL

2. Category of waste (as per schedule-I of the rule) generated and quantity for the month of : OCT-2024

Category	Waste Quantity	Category	Waste Quantity
Category No. 1	4158 Kg.	Category No. 6	4677.75 Kg.
Category No. 2	X Kg.	Category No. 7	X Kg.
Category No. 3	1039.5 Kg.	Category No. 8	X Kg.
Category No. 4	188 Kg.	Category No. 9	X Kg.
Category No. 5	519.75 Kg.	Category No. 10	X Kg.

3. Brief details of the treatment facility:

In case off-side facility :

(i) Name of the Operator : GREENTECH ENVIRON MANAGEMENT PVT. LTD.

(ii) Name and Address of the facility : AMRATALA, DHAMUA ROAD, PO- CHAKRAPRAN, KANTAKHALI,
PS-MAGRAHAT, DISTRICT - SOUTH 24 PGS

Tele No. _____

Fax No. _____

4. Category wise quantity of waste treated:

(i) Incineration / Burial (Yellow Bag) : 10395 KG

(ii) Autoclave / Microwave (Red Bag) : 3573 KG

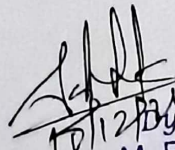
5. Mode of treatment with details: _____

6. Any other Information: _____

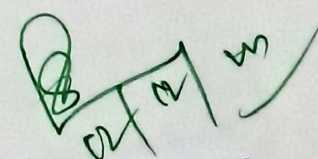
7. Certified that the above report is for the period from : 01-OCT-2024 to 31-OCT-2024

Date : ____/____/____

Place : Kolkata


10/12/24
Superintendent
M. R. B & M.R.B.S.S.H
Tollygunge, Kolkata-700 033

Signature


Superintendent
M.R. Bangur Hospital
Kolkata 700033



MONTHLY REPORT

1. Particulars of the applicant

(i) Name of the authorized person (occupier / operator) : SUPERINTENDENT, M R BANGUR HOSPITAL

(ii) Name & Address of the Institution : M R BANGUR HOSPITAL, 241, D. P. S. ROAD
TOLLYGUNGE, KOLKATA - 33

Tele No. - 033-2473-3354

Fax No. - NIL

2. Category of waste (as per schedule-I of the rule) generated and quantity for the month of :

NOV-2024

Category	Waste Quantity	Category	Waste Quantity
Category No. 1	4214.8 Kg.	Category No. 6	4741.65 Kg.
Category No. 2	X Kg.	Category No. 7	X Kg.
Category No. 3	1053.7 Kg.	Category No. 8	X Kg.
Category No. 4	185 Kg.	Category No. 9	X Kg.
Category No. 5	526.85 Kg.	Category No. 10	X Kg.

3. Brief details of the treatment facility:

In case off-side facility :

(i) Name of the Operator : GREENTECH ENVIRON MANAGEMENT PVT. LTD.

(ii) Name and Address of the facility : AMRATALA, DHAMUA ROAD, PO- CHAKRAPRAN, KANTAKHALI,
PS-MAGRAHAT, DISTRICT - SOUTH 24 PGS

Tele No. _____

Fax No. _____

4. Category wise quantity of waste treated:

(i) Incineration / Burial (Yellow Bag) : 10537 KG

(ii) Autoclave / Microwave (Red Bag) : 3770 KG

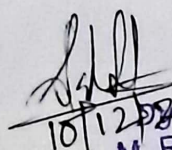
5. Mode of treatment with details: _____

6. Any other Information: _____

7. Certified that the above report is for the period from : 01-NOV-2024 to 30-NOV-2024

Date : ____/____/____

Place : Kolkata


10/12/24
Superintendent
M. R. B & M.R.B.S.S.H
Tollygunge, Kolkata-700 033

Signature


Superintendent
M.R. Bangur Hospital
Kolkata 700033



MONTHLY REPORT

1. Particulars of the applicant

(i) Name of the authorized person (occupier / operator) : SUPERINTENDENT, M R BANGUR HOSPITAL

(ii) Name & Address of the Institution : M R BANGUR HOSPITAL, 241, D. P. S. ROAD
TOLLYGUNGE, KOLKATA - 33

Tele No. - 033-2473-3354

Fax No. - NIL

2. Category of waste (as per schedule-I of the rule) generated and quantity for the month of :

DEC-2024

Category	Waste Quantity	Category	Waste Quantity
Category No. 1	4258.8 Kg.	Category No. 6	4791.15 Kg.
Category No. 2	X Kg.	Category No. 7	X Kg.
Category No. 3	1064.7 Kg.	Category No. 8	X Kg.
Category No. 4	221 Kg.	Category No. 9	X Kg.
Category No. 5	532.35 Kg.	Category No. 10	X Kg.

3. Brief details of the treatment facility:

In case off-side facility :

(i) Name of the Operator : GREENTECH ENVIRON MANAGEMENT PVT. LTD.

(ii) Name and Address of the facility : AMRATALA, DHAMUA ROAD, PO- CHAKRAPRAN, KANTAKHALI,
PS-MAGRAHAT, DISTRICT - SOUTH 24 PGS

Tele No. _____

Fax No. _____

4. Category wise quantity of waste treated:

(i) Incineration / Burial (Yellow Bag) : 10647 KG

(ii) Autoclave / Microwave (Red Bag) : 3774 KG

5. Mode of treatment with details: _____

6. Any other Information: _____

7. Certified that the above report is for the period from : 01-DEC-2024 to 31-DEC-2024

Date : __/__/____

Place : Kolkata

Signature



MONTHLY REPORT

1. Particulars of the applicant

(i) Name of the authorized person (occupier / operator) : SUPERINTENDENT, M R BANGUR HOSPITAL

(ii) Name & Address of the Institution : M R BANGUR HOSPITAL, 241, D. P. S. ROAD
TOLLYGUNGE, KOLKATA - 33

Tele No. - 033-2473-3354

Fax No. - NIL

2. Category of waste (as per schedule-I of the rule) generated and quantity for the month of : JAN-2025

Category	Waste Quantity	Category	Waste Quantity
Category No. 1	3883.6 Kg.	Category No. 6	4369.05 Kg.
Category No. 2	X Kg.	Category No. 7	X Kg.
Category No. 3	970.9 Kg.	Category No. 8	X Kg.
Category No. 4	205 Kg.	Category No. 9	X Kg.
Category No. 5	485.45 Kg.	Category No. 10	X Kg.

3. Brief details of the treatment facility:

In case off-side facility :

(i) Name of the Operator : GREENTECH ENVIRON MANAGEMENT PVT. LTD.

(ii) Name and Address of the facility : AMRATALA, DHAMUA ROAD, PO- CHAKRAPRAN, KANTAKHALI,
PS-MAGRAHAT, DISTRICT - SOUTH 24 PGS

Tele No. _____

Fax No. _____

4. Category wise quantity of waste treated:

(i) Incineration / Burial (Yellow Bag) : 9709 KG

(ii) Autoclave / Microwave (Red Bag) : 3726 KG

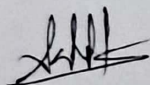
5. Mode of treatment with details: _____

6. Any other Information: _____


7. Certified that the above report is for the period from : 01-JAN-2025 to 31-JAN-2025

Date : __/__/____

Place : Kolkata



Signature



MONTHLY REPORT

1. Particulars of the applicant

(i) Name of the authorized person (occupier / operator) : SUPERINTENDENT, M R BANGUR HOSPITAL

(ii) Name & Address of the Institution : M R BANGUR HOSPITAL, 241, D. P. S. ROAD
TOLLYGUNGE, KOLKATA - 33

Tele No. - 033-2473-3354

Fax No. - NIL

2. Category of waste (as per schedule-I of the rule) generated and quantity for the month of : FEB-2025

Category	Waste Quantity	Category	Waste Quantity
Category No. 1	3728 Kg.	Category No. 6	4194 Kg.
Category No. 2	X Kg.	Category No. 7	X Kg.
Category No. 3	932 Kg.	Category No. 8	X Kg.
Category No. 4	235 Kg.	Category No. 9	X Kg.
Category No. 5	466 Kg.	Category No. 10	X Kg.

3. Brief details of the treatment facility:

In case off-side facility :

(i) Name of the Operator : GREENTECH ENVIRON MANAGEMENT PVT. LTD.

(ii) Name and Address of the facility : AMRATALA, DHAMUA ROAD, PO- CHAKRAPRAN, KANTAKHALI,
PS-MAGRAHAT, DISTRICT - SOUTH 24 PGS

Tele No. _____

Fax No. _____

4. Category wise quantity of waste treated:

(i) Incineration / Burial (Yellow Bag) : 9320 KG

(ii) Autoclave / Microwave (Red Bag) : 3377 KG

5. Mode of treatment with details: _____

6. Any other Information: _____

7. Certified that the above report is for the period from : 01-FEB-2025 to 28-FEB-2025

Date : __/__/____

Place : Kolkata

Signature



MONTHLY REPORT

1. Particulars of the applicant

(i) Name of the authorized person (occupier / operator) : SUPERINTENDENT, M R BANGUR HOSPITAL

(ii) Name & Address of the Institution : M R BANGUR HOSPITAL, 241, D. P. S. ROAD
TOLLYGUNGE, KOLKATA - 33

Tele No. - 033-2473-3354

Fax No. - NIL

2. Category of waste (as per schedule-I of the rule) generated and quantity for the month of : MAR-2025

Category	Waste Quantity	Category	Waste Quantity
Category No. 1	3345.2 Kg.	Category No. 6	3763.35 Kg.
Category No. 2	X Kg.	Category No. 7	X Kg.
Category No. 3	836.3 Kg.	Category No. 8	X Kg.
Category No. 4	217 Kg.	Category No. 9	X Kg.
Category No. 5	418.15 Kg.	Category No. 10	X Kg.

3. Brief details of the treatment facility:

In case off-side facility :

(i) Name of the Operator : GREENTECH ENVIRON MANAGEMENT PVT. LTD.

(ii) Name and Address of the facility : AMRATALA, DHAMUA ROAD, PO- CHAKRAPRAN, KANTAKHALI,
PS-MAGRAHAT, DISTRICT - SOUTH 24 PGS

Tele No. _____

Fax No. _____

4. Category wise quantity of waste treated:

(i) Incineration / Burial (Yellow Bag) : 8363 KG

(ii) Autoclave / Microwave (Red Bag) : 3848 KG

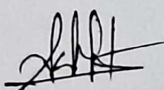
5. Mode of treatment with details: _____

6. Any other Information: _____

7. Certified that the above report is for the period from : 01-MAR-2025 to 31-MAR-2025

Date : __/__/____

Place : Kolkata



Signature

