M. G. M. HOSPITAL & RESEARCH CENTRE PVT. LTD.

WOMEN AND CHILD CARE INSTITUTE

JAGAT NARAYAN ROAD, KADAM KUAN, PATNA - 800 003

Ph.: 0612-2683250, 2681551, 8102226550 e-mail: manjugitamishra@hotmail.com

Date:- 05 05 20

To,

The Chief Engineer
Waste Management Cell
Bihar State Pollution Control Board
Parivesh Bhawan, N.S.B. -2, Pataliputra
Industgrial Area, PO- Sadaquat Ashram,
Patna – 800010

Sub: Submission of Monthly Bio- Medical Waste Repot

Dear Sir,

With reference to your letter, MGM Hospital & Research Centre Pvt. Ltd at Jagat Narayan Road, Kadamkuan, Patna -800003, are hereby submitting report on Bio – Medical waste management, as per provision of rule 5, of management and handling rules for the month of "......" 2020.

Kindly acknowledge the same and oblige.

Thanking You,

M.G.M. Hospital & Research Centre Pvt. Ltd.

Dr. P P Mishra Director

Director- MGM Hospital

Prepared by

Kunal Shankar

(Incharge- Housekeeping)

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Monthly Report for the Month Of -----

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1) Name of the authorized person (occupier/ operation): Dr. PP mishos

2) Name & address of the health care unit: MGM Hospital & Research Centre Pvt. Ltd, Jagat Narayan road, Kadamkuna, Patna – 800003.

Category	Waste Quantity		Category	Waste Quantity	
Category No. 1	50	Kg	Category No. 6	120	Kg
Category No. 2		0	Category No. 7	148	Kq
Category No. 3	30	Kg	Category No. 8	-	0
Category No. 4	26	Kg	Category No. 9		
Category No. 5	29	Ka	Category No. 10		

Note: All quantities to be given in kg./month, Except Category No. 8, which will be in ltr./ month Brief details of the treatment facility:

Incase off-site facility:

Date: 05/05/20

I. Name of the operator: IGIMS

II. Name and Address of the facility: Sangam Mediserve Pvt. Ltd, Shekhpura, Patna -14

3) Category wise quantity of wast	e treated/ sent to common BMW treatment facility:
Incineration / Burial (Yellow Bags)	kg.(own facility/common BMW treatment facility)
Autoclave / Microwave	
Red bags:	kg.(own facility/common BMW treatment facility)
Sharp Container:	kg.(own facility/common BMW treatment facility)
4) Any other relevant information	n: NA
5) Certified that the above report	t for the month of