**Form IV**

**ANNUAL REPORT (2020)**

1 Particulars of the Applicant:

(i) Name Of The Authorized Person (Occupier/Operator):

(ii) Name of the Institution: **ST. THERESA’S HOSPITAL**

Address: **Erragada, HYDERABAD.**

Tel. No:

2. Categories of Waste Generated and Quantity on a Monthly Average Basis:

Category 1, 3 & 6 (Yellow Bags): **446 Kgs** Category 4(PPC): **160 Kgs**

Category 7(Red Bags): **607 Kgs** Category 8 & 10(Liquid Waste):**26.751trs**

3. Brief Details of the Treatment Facility: (In Case of Off-Site Facility)

(i) Name Of the Operator: **Medicare BMW Services**

(ii) Name and Address of the Facility: 13th Floor, Ramky Grandiose,

Ramky Towers Complex, Gachibowli,

Hyderabad, Telangana - 500032, India

4. Category-Wise Quantity of waste Treated:

Category 1, 3 & 6: **5360 Kgs** Category 4: **1926 Kgs**

Category 7: **7286 Kgs** Category 8 & 10: **321 ltrs**

5. Mode of Treatment with Details: Incineration, Autoclaving, Chemical Disinfection, Shredding, Secured Land Filling & ETP

6. Any other information: Nil

7. Certified that the above report is for the period from **01.01.2020** to **31.12.2020**

Date ............... Signature .......................................

Place .............. Designation ...................................

**Form IV**

**JANUARY MONTH REPORT (2021)**

**1 Particulars of the Applicant:**

**(i) Name Of The Authorized Person (Occupier/Operator):**

**(ii) Name of the Institution: ST. THERESA’S HOSPITAL**

**Address: Erragada, HYDERABAD.**

**Tel. No:**

**2. Categories of Waste Generated and Quantity on a Monthly Average Basis:**

**Category 1, 3 & 6 (Yellow Bags): 294Kgs Category 4(PPC): 80Kgs**

**Category 7(Red Bags): 236 Kgs Category 8 & 10(Liquid Waste):20 1trs**

**3. Brief Details of the Treatment Facility: (In Case of Off-Site Facility)**

**(i) Name Of the Operator: Medicare BMW Services**

**(ii) Name and Address of the Facility: 13th Floor, Ramky Grandiose,**

**Ramky Towers Complex, Gachibowli,**

**Hyderabad, Telangana - 500032, India**

**4. Mode of Treatment with Details: Incineration, Autoclaving, Chemical Disinfection, Shredding, Secured Land Filling & ETP**

**5. Any other information: Nil**

**6. Certified that the above report is for the period from 01.01.2021**

**Date ............... Signature .......................................**

**Place .............. Designation ...................................**