

FORM-4

Financial Year: 2023 - 2024

[See rules 6(5), 13(8), 16(6) and 20 (2)]

Industry PCB ID: ...111901

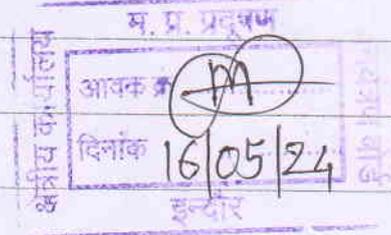
FORM FOR FILING ANNUAL RETURNS BY THE OCCUPIER OR OPERATOR OF FACILITY

(To be submitted by occupier/operator of disposal facility to state pollution control Board/pollution control committee by 30th June of every year for the preceding period April 2023 to March 2024)

1	Name and address of the generator/operator of facility	Shalby Hospital part 5 of 6, R.S. Blendue Indore.
2	Authorization No. and date of issue	AWHB-75705
3	Name of the authorized person and full address with telephone and fax number and e-mail address	Mr. Ankur Khane. 9522201601.
4	Production during the year (product wise), wherever applicable	-

Part A. To be filled by hazardous waste generators

1	Total quantity of waste generated category wise	Name of hazardous waste	Category	Authorized Qty (MT)	Generated Qty (MT)
		Spent /oil	S.I	0.100 MT	0.070 MT
2	Quantity dispatched	0.070 MT			
	(i) to disposal facility	-			
	(ii) to recycler or co-processors or pre-processor	P20 Green Refining LLP. (0.070)			
	(iii) others	-			
3	Quantity storage in year 2023-24	NIL			
4	Quantity utilized in-house, if any	-			
5	Quantity in storage at the end of the year	NIL			



Part B. To be filled by Treatment, storage and disposal facility operators

1	Total quantity received -	-
2	Quantity in stock at the beginning of the year	-
3	Quantity treated	-

5	Quantity incinerated (if applicable)	
6	Quantity processed other than specified above	
7	Quantity in storage at the end of the year	

Part C. To be filled by recyclers or co-processors or other users

1	Quantity of waste received during the year	 NA
	(i) domestic sources	
	(ii) imported (if applicable)	
2	Quantity in stock at the beginning of the year	
3	Quantity recycled or co-processed or used	
4	Quantity of products dispatched (wherever applicable)	
5	Quantity of waste generated	
6	Quantity of waste disposed	
7	Quantity re-exported (wherever applicable)	
8	Quantity in storage at the end of the year	

Date: 17 05-23
 Place: Indore

Signature of the Occi
 Operator of the dispos.

MANIFEST FOR HAZARDOUS AND OTHER WASTE

1.	Sender's name and mailing address (including Phone No. and e-mail) :	M/S Shalby Hospital, Indore P.O. 546, Indore, M.P.
2.	Sender's authorization No. :	111901
3.	Manifest Document No.	13
4.	Transporter's name and address : (including Phone No. and e-mail)	Kubu Logistics & Warehousing Ltd. Indore, M.P.
5.	Type of vehicle :	(Truck/Tanker/Special Vehicle)
6.	Transporter's registration No.	117026
7.	Vehicle registration No.	11P55B-7543
8.	Receiver's Name and mailing address (including Phone No. and e-mail) :	Dr. H. N. K. Hospital, Indore M.P.
9.	Receiver's authorization No. :	106654
10.	Waste description	Used for ...
11.	Total quantity No. of Containers 0.070 m ³ or MT Nos.
12.	Physical form	
13.	Special handling instructions and additional information	(Solid/Semi Solid/Sludge/ Oily/Tarry/Slurry/Liquid)
14.	Sender's Certificate	I hereby declare that the contents of the consignment are fully and accurately described above by proper shipping name categorized, packed, marked, and labeled, and are in all respects in proper conditions for transport by road according to applicable national government regulations.
Name and stamp : Signature :		Month Day Year 03 31 2023
15.	Transporter acknowledgment receipt of Waste	
Name and stamp : Signature :		Month Day Year 03 31 2023
16.	Receiver's Certification for receipt of hazardous and other waste	
Name and stamp : Signature :		Month Day Year 03 31 2023
Copy 6 (Blue)		To be sent by the receiver to the sender



2.	Quantity in stock at the beginning of the year	
3.	Quantity treated	