**OFFICE OF THE MEDICAL SUPERINTENDENT**

**ACHARYASHREE BHIKSHU GOVERNMENT HOSPITAL**

**MOTI NAGAR, NEW DELHI-110015**

No. F3. (5)/MRD/ABGH/2012-13/6493 Dated:21/01/16

To

The Delhi Pollution Control Committee,

Department of Environment,

Govt. of NCT of Delhi,

4th Floor, ISBT Building,

Kashmiri Gate,

Delhi-110006.

**Sub: Annual Report**

Sir,

Please find enclosed herewith the Annual Report for the period of 01.01.15 to 31.12.15 in a prescribed format.

Yours faithfully

Sd/-

**(DR. BHASKAR VARMA)**

**MEDICAL SUPERINTENDENT**

**Encl: As above**

FORM II

(See rule 10)

ANNUAL REPORT

(To be submitted to the prescribed authority by 31 January every year)

1. Particulars of the applicant:
2. Name of authorized person (occupier/operator): Dr. Bhaskar Varma, M.S.
3. Name of the institution: ACHARYASHREE BHIKSHU GOVT. HOSPITAL
4. Address: MOTI NAGAR, NEW DELHI-110015
5. Tel. no.: 25423011
6. Fax No.: 25448806
7. Categories of waste generated and quantity on a monthly average basis:

For incineration, yellow bags- 6610 kg/ month

For autoclave, Red bags- 6400 kg/ month

For sharps- 1460 kg/ month

1. Brief details of the treatment facility:

In case of off-site facility:

1. Name of the operator: SMS WATER GRACE BMW PVT. LTD.
2. Name and address of the facility: No. 405, 4th floor,32-33, kusal bazaar, Nehru Place, New Delhi-110019
3. Tel.no. , Fax no.: 41319903-04, fax-46517250
4. Category wise quantity of waste treated: NOT APPLICABLE
5. Mode of treatment with details: NOT APPLICABLE
6. Any other information: regular training of staff and onsite inspection.
7. Certified that the above report is for the period from 1-1-15 to 31-12-15.

Date: 21/01/16

Sd/-//

(DR. BHASKAR VARMA)

Place: New Delhi Medical Superintendent