

FORM-4
[See rule 6(5),13(8),16(6) and 20(2)]
FORM FOR FILLING ANNUAL RETURNS

[To be submitted to State Pollution Control board by 30th day of June every year for the preceding period April to March]

1	Name and Address of facility:	Suyash Hospital, Indore
2	Authorisation No. and date of issue:	109626
3	Name of authorised person and full address with telephone, fax number and e-mail:	(-,Opp. MGM College A B Road Indore,NA,Indore accounts.suyashhospital@yahoo.in)
4	Production during the year(product wise):	
Part-A. To be filled by hazardous waste generators		
1	Total QTY of waste generated category wise:	5.1 Used Spent Oil
QTY dispatched:		
(i) to disposal facility		0.050 MT
(ii) to recycler or co-processor or pre-processor		
2	(iii)Others.	
3	QTY used in house if any:	Nil
4	QTY in Storage at end of year:	Nil
Part-B. To be filled by Treatment, Storage And Disposal Facility Operators		
1	Total QTY received:	NA
2	QTY in stock at begining of year:	NA
3	QTY treated:	NA
4	QTY disposed in landfillsas such and after treatment:	NA
5	QTY incinerated (if applicable):	NA
6	QTY Processed other than specified above:	NA
7	QTY in Storage at end of year:	NA
Part-C. To be filled by Recyclers or Co-processors or Other users.		
QTY of Waste recieved during the year:		
(i) Domistics Sources.		-
(ii) Imported(if applicable) OthersTransporter's Registration No.		-
1		
2	QTY In stock at the beginig of the year.	-
3	Quantity Recycled or Co-Processed or Used-	-
4	Quantity Of Product dispatched.	-
5	Quantity of Waste Generated.	-
6	Quantity Of Waste disposed.	-
7	Quantity Re-Exported	-
8	Quantity in storage at the end of year.	-

01/2/21
INDORE

