

MONTHLY REPORT

1. Particulars of the applicant

(i) Name of the authorized person (occupier / operator) : SUPERINTENDENT, M R BANGUR HOSPITAL

(ii) Name & Address of the Institution : M R BANGUR HOSPITAL, 241, D. P. S. ROAD
TOLLYGUNGE, KOLKATA - 33

Tele No. - 033-2473-3354

Fax No. - NIL

2. Category of waste (as per schedule-I of the rule) generated and quantity for the month of :

APRIL-2025

Category	Waste Quantity	Category	Waste Quantity
Category No. 1	3186.8 Kg.	Category No. 6	3585.15 Kg.
Category No. 2	X Kg.	Category No. 7	X Kg.
Category No. 3	796.7 Kg.	Category No. 8	X Kg.
Category No. 4	276 Kg.	Category No. 9	X Kg.
Category No. 5	398.35 Kg.	Category No. 10	X Kg.

3. Brief details of the treatment facility:

In case off-side facility :

(i) Name of the Operator : GREENTECH ENVIRON MANAGEMENT PVT. LTD.

(ii) Name and Address of the facility : AMRATALA, DHAMUA ROAD, PO- CHAKRAPRAN, KANTAKHALI,
PS-MAGRAHAT, DISTRICT - SOUTH 24 PGS

Tele No. _____

Fax No. _____

4. Category wise quantity of waste treated:

(i) Incineration / Burial (Yellow Bag) : 7967 KG

(ii) Autoclave / Microwave (Red Bag) : 4332 KG

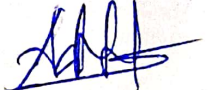
5. Mode of treatment with details: _____

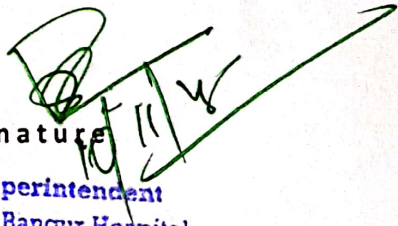
6. Any other Information: _____

7. Certified that the above report is for the period from : 01-APR-2025 to 30-APR-2025

Date : __/__/____

Place : Kolkata


Dr. Superintendent
M.R.B.H. & M.R.B.S.S.H.
Tollygunge, Kolkata-700 033


Signature
Superintendent
M.R. Bangur Hospital
Kolkata 700033



MONTHLY REPORT

1. Particulars of the applicant

(i) Name of the authorized person (occupier / operator) : SUPERINTENDENT, M R BANGUR HOSPITAL

(ii) Name & Address of the Institution : M R BANGUR HOSPITAL, 241, D. P. S. ROAD
TOLLYGUNGE, KOLKATA - 33

Tele No. - 033-2473-3354

Fax No. - NIL

2. Category of waste (as per schedule-I of the rule) generated and quantity for the month of :

MAY-2025

Category	Waste Quantity	Category	Waste Quantity
Category No. 1	2278.4 Kg.	Category No. 6	2563.2 Kg.
Category No. 2	X Kg.	Category No. 7	X Kg.
Category No. 3	569.6 Kg.	Category No. 8	X Kg.
Category No. 4	256 Kg.	Category No. 9	X Kg.
Category No. 5	284.8 Kg.	Category No. 10	X Kg.

3. Brief details of the treatment facility:

In case off-side facility :

(i) Name of the Operator : GREENTECH ENVIRON MANAGEMENT PVT. LTD.

(ii) Name and Address of the facility : AMRATALA, DHAMUA ROAD, PO- CHAKRAPRAN, KANTAKHALI,
PS-MAGRAHAT, DISTRICT - SOUTH 24 PGS

Tele No. _____

Fax No. _____

4. Category wise quantity of waste treated:

(i) Incineration / Burial (Yellow Bag) : 5696 KG

(ii) Autoclave / Microwave (Red Bag) : 4015 KG

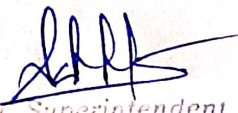
5. Mode of treatment with details: _____

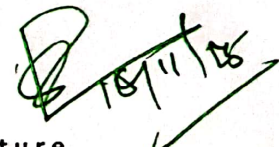
6. Any other Information: _____

7. Certified that the above report is for the period from : 01-MAY-2025 to 31-MAY-2025

Date : __/__/____

Place : Kolkata


Dy. Superintendent
M.R.B.H. & M.R.B.S.S.H.
Tollygunge, Kolkata-700 033


Signature
Superintendent
M.R. Bangur Hospital
Kolkata 700033



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1. Particulars of the applicant

(i) Name of the authorized person (occupier / operator) : SUPERINTENDENT, M R BANGUR HOSPITAL

(ii) Name & Address of the Institution : M R BANGUR HOSPITAL, 241, D. P. S. ROAD
TOLLYGUNGE, KOLKATA - 33

Tele No. - 033-2473-3354

Fax No. - NIL

2. Category of waste (as per schedule-I of the rule) generated and quantity for the month of : JUNE-2025

Category	Waste Quantity	Category	Waste Quantity
Category No. 1	1904.8 Kg.	Category No. 6	2142.9 Kg.
Category No. 2	X Kg.	Category No. 7	X Kg.
Category No. 3	476.2 Kg.	Category No. 8	X Kg.
Category No. 4	126 Kg.	Category No. 9	X Kg.
Category No. 5	238.1 Kg.	Category No. 10	X Kg.

3. Brief details of the treatment facility:

In case off-side facility :

(i) Name of the Operator : GREENTECH ENVIRON MANAGEMENT PVT. LTD.

(ii) Name and Address of the facility : AMRATALA, DHAMUA ROAD, PO- CHAKRAPRAN, KANTAKHALI,
PS-MAGRAHAT, DISTRICT - SOUTH 24 PGS

Tele No. _____

Fax No. _____

4. Category wise quantity of waste treated:

(i) Incineration / Burial (Yellow Bag) : 4762 KG

(ii) Autoclave / Microwave (Red Bag) : 3775 KG

5. Mode of treatment with details: _____

6. Any other Information: _____

7. Certified that the above report is for the period from : 01-JUN-2025 to 30-JUN-2025

Date : __/__/__

Place : Kolkata


Dy. Superintendent
M.R.B.H. & M.R.B.S.S.H.
Tollygunge, Kolkata-700 033


Signature
Superintendent:
M.R. Bangur Hospital
Kolkata 700033



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TOLLYGUNGE, KOLKATA - 33

Tele No. - 033-2473-3354

Fax No. - NIL

2. Category of waste (as per schedule-I of the rule) generated and quantity for the month of : JULY-2025

Category	Waste Quantity	Category	Waste Quantity
Category No. 1	2615.6 Kg.	Category No. 6	2942.55 Kg.
Category No. 2	X Kg.	Category No. 7	X Kg.
Category No. 3	653.9 Kg.	Category No. 8	X Kg.
Category No. 4	105 Kg.	Category No. 9	X Kg.
Category No. 5	326.95 Kg.	Category No. 10	X Kg.

3. Brief details of the treatment facility:

In case off-side facility :

(i) Name of the Operator : GREENTECH ENVIRON MANAGEMENT PVT. LTD.

(ii) Name and Address of the facility : AMRATALA, DHAMUA ROAD, PO- CHAKRAPRAN, KANTAKHALI,
PS-MAGRAHAT, DISTRICT - SOUTH 24 PGS

Tele No. _____

Fax No. _____

4. Category wise quantity of waste treated:

(i) Incineration / Burial (Yellow Bag) : 6539 KG

(ii) Autoclave / Microwave (Red Bag) : 4952 KG

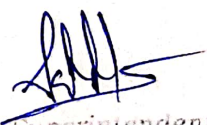
5. Mode of treatment with details: _____

6. Any other Information: _____

7. Certified that the above report is for the period from : 01-JULY-2025 to 31-JULY-2025

Date : __/__/____

Place : Kolkata


Dy. Superintendent
M.R.B.H. & M.R.B.S.S.H.
Tollygunge, Kolkata-700 033


Signature
Superintendent
M.R. Bangur Hospital
Kolkata 700033



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TOLLYGUNGE, KOLKATA - 33

Tele No. - 033-2473-3354

Fax No. - NIL

2. Category of waste (as per schedule-I of the rule) generated and quantity for the month of : AUG-2025

Category	Waste Quantity	Category	Waste Quantity
Category No. 1	2639.2 Kg.	Category No. 6	2969.1 Kg.
Category No. 2	X Kg.	Category No. 7	X Kg.
Category No. 3	659.8 Kg.	Category No. 8	X Kg.
Category No. 4	122 Kg.	Category No. 9	X Kg.
Category No. 5	329.9 Kg.	Category No. 10	X Kg.

3. Brief details of the treatment facility:

In case off-side facility :

(i) Name of the Operator : GREENTECH ENVIRON MANAGEMENT PVT. LTD.

(ii) Name and Address of the facility : AMRATALA, DHAMUA ROAD, PO- CHAKRAPRAN, KANTAKHALI,
PS-MAGRAHAT, DISTRICT - SOUTH 24 PGS

Tele No. _____

Fax No. _____

4. Category wise quantity of waste treated:

(i) Incineration / Burial (Yellow Bag) : 6598 KG

(ii) Autoclave / Microwave (Red Bag) : 3647 KG

5. Mode of treatment with details: _____

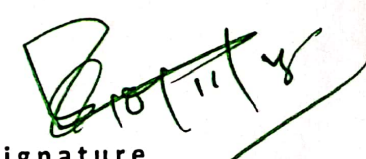
6. Any other Information: _____

7. Certified that the above report is for the period from : 01-AUG-2025 to 31-AUG-2025

Date : ____/____/____

Place : Kolkata


Dy. Superintendent
M.R.B.H. & M.R.B.S.S.H.
Tollygunge, Kolkata-700 033


Signature
Superintendent
M.R. Bangur Hospital
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TOLLYGUNGE, KOLKATA - 33

Tele No. - 033-2473-3354

Fax No. - NIL

2. Category of waste (as per schedule-I of the rule) generated and quantity for the month of : AUG-2025

Category	Waste Quantity	Category	Waste Quantity
Category No. 1	2639.2 Kg.	Category No. 6	2969.1 Kg.
Category No. 2	X Kg.	Category No. 7	X Kg.
Category No. 3	659.8 Kg.	Category No. 8	X Kg.
Category No. 4	122 Kg.	Category No. 9	X Kg.
Category No. 5	329.9 Kg.	Category No. 10	X Kg.

3. Brief details of the treatment facility:

In case off-side facility :

(i) Name of the Operator : GREENTECH ENVIRON MANAGEMENT PVT. LTD.

(ii) Name and Address of the facility : AMRATALA, DHAMUA ROAD, PO- CHAKRAPRAN, KANTAKHALI,
PS-MAGRAHAT, DISTRICT - SOUTH 24 PGS

Tele No. _____

Fax No. _____

4. Category wise quantity of waste treated:

(i) Incineration / Burial (Yellow Bag) : 6598 KG

(ii) Autoclave / Microwave (Red Bag) : 3647 KG

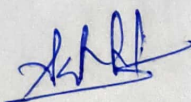
5. Mode of treatment with details: _____

6. Any other Information: _____

7. Certified that the above report is for the period from : 01-AUG-2025 to 31-AUG-2025

Date : ____/____/____

Place : Kolkata


Dy. Superintendent
M.R.B.H. & M.R.B.S.S.H.
Tollygunge, Kolkata-700 033


Signature
Superintendent
M.R. Bangur Hospital
Kolkata 700033



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TOLLYGUNGE, KOLKATA - 33

Tele No. - 033-2473-3354

Fax No. - NIL

2. Category of waste (as per schedule-I of the rule) generated and quantity for the month of : SEP-2025

Category	Waste Quantity	Category	Waste Quantity
Category No. 1	2262.9 Kg.	Category No. 6	2545.8 Kg.
Category No. 2	X Kg.	Category No. 7	X Kg.
Category No. 3	565.7 Kg.	Category No. 8	X Kg.
Category No. 4	120.0 Kg.	Category No. 9	X Kg.
Category No. 5	282.9 Kg.	Category No. 10	X Kg.

3. Brief details of the treatment facility:

In case off-side facility :

(i) Name of the Operator : GREENTECH ENVIRON MANAGEMENT PVT. LTD.

(ii) Name and Address of the facility : AMRATALA, DHAMUA ROAD, PO- CHAKRAPRAN, KANTAKHALI,
PS-MAGRAHAT, DISTRICT - SOUTH 24 PGS

Tele No. _____

Fax No. _____

4. Category wise quantity of waste treated:

(i) Incineration / Burial (Yellow Bag) : 5657.3 KG

(ii) Autoclave / Microwave (Red Bag) : 3906.516 KG

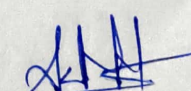
5. Mode of treatment with details: _____

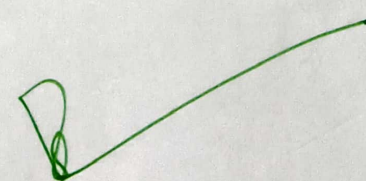
6. Any other Information: _____

7. Certified that the above report is for the period from : 01-SEP-2025 to 30-SEP-2025

Date : __/__/____

Place : Kolkata


Dy. Superintendent
M.R.B.H. & M.R.B.S.S.H.
Tollygunge, Kolkata-700 033


Signature
Superintendent
M.R. Bangur Hospital
Kolkata 700033



MONTHLY REPORT

1. Particulars of the applicant

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(ii) Name & Address of the Institution : M R BANGUR HOSPITAL, 241, D. P. S. ROAD
TOLLYGUNGE, KOLKATA - 33

Tele No. - 033-2473-3354

Fax No. - NIL

2. Category of waste (as per schedule-I of the rule) generated and quantity for the month of : OCT-2025

Category	Waste Quantity	Category	Waste Quantity
Category No. 1	1710.0 Kg.	Category No. 6	1923.8 Kg.
Category No. 2	X Kg.	Category No. 7	X Kg.
Category No. 3	427.5 Kg.	Category No. 8	X Kg.
Category No. 4	102.0 Kg.	Category No. 9	X Kg.
Category No. 5	213.8 Kg.	Category No. 10	X Kg.

3. Brief details of the treatment facility:

In case off-side facility :

(i) Name of the Operator : GREENTECH ENVIRON MANAGEMENT PVT. LTD.

(ii) Name and Address of the facility : AMRATALA, DHAMUA ROAD, PO- CHAKRAPRAN, KANTAKHALI,
PS-MAGRAHAT, DISTRICT - SOUTH 24 PGS

Tele No. _____

Fax No. _____

4. Category wise quantity of waste treated:

(i) Incineration / Burial (Yellow Bag) : 4275.0 KG

(ii) Autoclave / Microwave (Red Bag) : 3785.669 KG

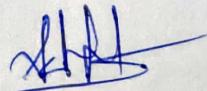
5. Mode of treatment with details: _____

6. Any other Information: _____

7. Certified that the above report is for the period from : 01-OCT-2025 to 31-OCT-2025

Date : __/__/__

Place : Kolkata


Dy. Superintendent
M.R.B.H. & M.R.B.S.S.H.
Tollygunge, Kolkata-700 033


Signature
Superintendent
M.R. Bangur Hospital
Kolkata 700033



MONTHLY REPORT

1. Particulars of the applicant

(i) Name of the authorized person (occupier / operator) : SUPERINTENDENT, M R BANGUR HOSPITAL

(ii) Name & Address of the Institution : M R BANGUR HOSPITAL, 241, D. P. S. ROAD
TOLLYGUNGE, KOLKATA - 33

Tele No. - 033-2473-3354

Fax No. - NIL

2. Category of waste (as per schedule-I of the rule) generated and quantity for the month of :

NOV-2025

Category	Waste Quantity	Category	Waste Quantity
Category No. 1	1507.0 Kg.	Category No. 6	1695.4 Kg.
Category No. 2	X Kg.	Category No. 7	X Kg.
Category No. 3	376.7 Kg.	Category No. 8	X Kg.
Category No. 4	120.0 Kg.	Category No. 9	X Kg.
Category No. 5	188.4 Kg.	Category No. 10	X Kg.

3. Brief details of the treatment facility:

In case off-side facility :

(i) Name of the Operator :

GREENTECH ENVIRON MANAGEMENT PVT. LTD.

(ii) Name and Address of the facility :

AMRATALA, DHAMUA ROAD, PO- CHAKRAPRAN, KANTAKHALI,
PS-MAGRAHAT, DISTRICT - SOUTH 24 PGS

Tele No. _____

Fax No. _____

4. Category wise quantity of waste treated:

(i) Incineration / Burial (Yellow Bag) : 3767.4 KG

(ii) Autoclave / Microwave (Red Bag) : 3056.28 KG

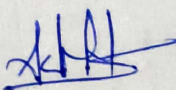
5. Mode of treatment with details: _____

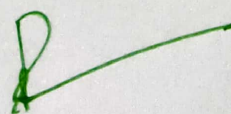
6. Any other Information: _____

7. Certified that the above report is for the period from : 01-NOV-2025 to 30-NOV-2025

Date : __/__/__

Place : Kolkata


Dy. Superintendent
M.R.B.H. & M.R.B.S.S.H.
Tollygunge, Kolkata-700 033


Signature
Superintendent
M.R. Bangur Hospital
Kolkata 700033



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1. Particulars of the applicant

(i) Name of the authorized person (occupier / operator) : SUPERINTENDENT, M R BANGUR HOSPITAL

(ii) Name & Address of the Institution : M R BANGUR HOSPITAL, 241, D. P. S. ROAD
TOLLYGUNGE, KOLKATA - 33

Tele No. - 033-2473-3354

Fax No. - NIL

2. Category of waste (as per schedule-I of the rule) generated and quantity for the month of : DEC-2025

Category	Waste Quantity	Category	Waste Quantity
Category No. 1	1569.6 Kg.	Category No. 6	1765.8 Kg.
Category No. 2	X Kg.	Category No. 7	X Kg.
Category No. 3	392.4 Kg.	Category No. 8	X Kg.
Category No. 4	104.0 Kg.	Category No. 9	X Kg.
Category No. 5	196.2 Kg.	Category No. 10	X Kg.

3. Brief details of the treatment facility:

In case off-side facility :

(i) Name of the Operator : GREENTECH ENVIRON MANAGEMENT PVT. LTD.

(ii) Name and Address of the facility : AMRATALA, DHAMUA ROAD, PO- CHAKRAPRAN, KANTAKHALI,
PS-MAGRAHAT, DISTRICT - SOUTH 24 PGS

Tele No. _____

Fax No. _____

4. Category wise quantity of waste treated:

(i) Incineration / Burial (Yellow Bag) : 3924.0 KG

(ii) Autoclave / Microwave (Red Bag) : 3186.16 KG

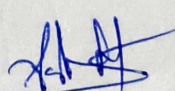
5. Mode of treatment with details: _____

6. Any other Information: _____

7. Certified that the above report is for the period from : 01-DEC-2025 to 31-DEC-2025

Date : ____/____/____

Place : Kolkata


Dy. Superintendent
M.R.B.H. & M.R.B.S.S.H.
Tollygunge, Kolkata-700 033


Signature
Superintendent
M.R. Bangur Hospital
Kolkata 700033

