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

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

Signature

Superintendent
M.R. Bangur Hospital
Kolkata 700033

Scanned with OKEN Scanner

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

Scanned with OKEN Scanner

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 : 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

10/11/25

Signature
Superintendent
M.R. Bangur Hospital
Kolkata 700033

Scanned with OKEN Scanner

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 : 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

Scanned with OKEN Scanner

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 : 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

Scanned with OKEN Scanner

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 : 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

Scanned with OKEN Scanner

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 : 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

Scanned with OKEN Scanner

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 : 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

Scanned with OKEN Scanner

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

Scanned with OKEN Scanner

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 : 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

Scanned with OKEN Scanner