

FORM 4
 [See rules 6(5), 13(8), 16(6) and 20 (2)]
FORM FOR FILING ANNUAL RETURNS

[To be submitted to State Pollution Control Board by 30th day of June of 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 the authorised person and full address with telephone, fax number and e-mail: OPP. MGM MEDICAL COLLEGE AB ROAD INDORE, account.suyashhospital@yahoo.in
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 5.1 used Soent Oil
2	Quantity dispatched
	(i) to disposal facility
	(ii) to recycler or co-processors or pre-processor
	(iii) others
3	Quantity utilised in-house, if any - NIL
4	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 - NA
2	Quantity in stock at the beginning of the year - NA
3	Quantity treated - NA
4	Quantity disposed in landfills as such and after treatment - NA
5	Quantity incinerated (if applicable) - NA
6	Quantity processed other than specified above - NA
7	Quantity in storage at the end of the year - NA
Part C. To be filled by recyclers or co-processors or other users	
1	Quantity of waste received during the year -
	(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 25/1/2022
	Place INDORE

