

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: *Distric Hospital Khargone, sanarud Road*
2. Authorisation No. and Date of issue: *—*
3. Name of the authorised person and full address with telephone, fax number and e-mail:
*Dr. Rajkumari Dewda
civil surgeon Khargone
07282 243454
CSKhargone@gmail.com*
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
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 -
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 -
2. Quantity in stock at the beginning of the year -
3. Quantity treated -
4. Quantity disposed in landfills as such and after treatment -
5. Quantity incinerated (if applicable) -
6. Quantity processed other than specified above -
7. Quantity in storage at the end of the year -

*} By Medisure
Incinerator At/Ch*


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...31/07/2025

Place...Khargone


Signature of the Occupier
or **Civil Surgeon Cum**
Operator of the disposal facility
District Hospital Khargone

forward to C.S. Sir
request to permit upload
over hospital website

