

**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 30<sup>th</sup> day of June of every year for the preceding period April to March]

1. Name and address of facility: District Hospital Khargone, sanawad 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

4. Production during the year (product wise), wherever applicable

**Part A. To be filled by hazardous waste generators** CS khargone@gmail.com

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

nil

3. Quantity utilised in-house, if any -

4. Quantity in storage at the end of the year -

**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 -

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Incinerator flt 1 (P)

**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

