ANNUAL REPORT-FORM II

(To be submitted to the prescribed authority by 31 January every year)

1. Particulars of the applicant -
   
   **i) Name of the authorised person (occupier/operator)**  
   Dr Jyothykumar S

   **ii) Name of the Institution**  
   Medical & Occupational Health Centre, RCITPL

   **Address**  
   Reliance Corporate IT Park Ltd, Thane Belapur Road, Ghansoli, Navi Mumbai - 400701

   **Tel. No.**  
   02279678181

   **Telex No.**  
   02244710125

   **Fax No.**  
   02244710125

2. Categories of waste generated and quantity on a monthly average basis

<table>
<thead>
<tr>
<th>Categories</th>
<th>Quantity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Waste sharps</td>
<td>2.0</td>
</tr>
<tr>
<td>Discarded Medicines and Cytotoxic drugs</td>
<td>0.1</td>
</tr>
<tr>
<td>Solid Waste</td>
<td>7.6</td>
</tr>
<tr>
<td>Solid Waste</td>
<td>25.1</td>
</tr>
<tr>
<td>Liquid Waste</td>
<td>100</td>
</tr>
</tbody>
</table>

3. Brief details of the treatment facility -
   
   **i) Name of the operator**  
   Mumbai Waste Management Ltd

   **ii) Name and address of the facility**  
   P-32, MIDC Taloja, Behind Galaxy Surfactant, Tal - Panvel, Dist - Raigad -410208

   **Tel. No.**  
   02227401467

   **Telex No.**  
   02227401474

   **Fax No.**  
   02227401474

4. Category-wise quantity of waste treated

<table>
<thead>
<tr>
<th>Category</th>
<th>Quantity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Liquid Waste</td>
<td>100</td>
</tr>
</tbody>
</table>

5. Mode of treatment with details

   Disinfected with Hypochlorite solution and discharged in drain.

6. Any other information

   No
7. Certified that the above report is for the period from 01.01.2017 to 31.12.2017

<table>
<thead>
<tr>
<th>Place</th>
<th>Date</th>
<th>Designation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Navi Mumbai</td>
<td>Jan 31, 2018</td>
<td>Chief Medical Officer</td>
</tr>
</tbody>
</table>