**FORM-4**

**Financial Year : 2020 - 2021**

*[See rules 6(5), 13(3), 16(6) and 20 (2)]*

**Industry PCB ID :**

**FORM FOR FILING ANNUAL RETURNS**
**BY THE OCCUPIER OR OPERATOR OF FACILITY**

**(To be submitted by occupier/operator of disposal facility to state pollution control Board/pollution control committee by 30th June of every year for the preceding period April 2020 to March 2021)**

| | | | |
|---|---|---|---|
| 1 | Name and address of the generator/operator of facility | : | The Recovery Hospital 213 New Palasia Indore |
| 2 | Authorization No. and date of issue | : | AWBH-231222 |
| 3 | Name of the authorized person and full address with telephone and fax number and e-mail address | : | Dr. Vipin Goel 213 New Palasia Indore 9826051144 |
| 4 | Production during the year (product wise), wherever applicable | : | 2020-2021 |

**Part A. To be filled by hazardous waste generators**

| | | Name of hazardous waste | Category | Authorized Qty (MT) | Generated Qty (MT) |
|---|---|---|---|---|---|
| 1 | Total quantity of waste generated category wise | Spent oil | 5.1 | | 0.000 MT |
| | | | | | |
| | | | | | |
| 2 | Quantity dispatched | Nil | | | |
| | (i) to disposal facility | Nil | | | |
| | (ii) to recycler or co-processors or pre-processor | 0.010 MT | | | |
| | (iii) others | Nil | | | |
| 3 | Quantity storage in year 2019-20 | Nil | | | |
| 4 | Quantity utilized in-house, if any | Nil | | | |
| 5 | Quantity in storage at the end of the year | Nil | | | |

14/06/21

**Part B. To be filled by Treatment, storage and disposal facility operators**

| | | | |
|---|---|---|---|
| 1 | Total quantity received - | : | X |
| 2 | Quantity in stock at the beginning of the year | | X |

| | | |
|---|---|---|
| | Quantity disposed in landfills as such and after treatment | X |
| | Quantity incinerated (if applicable) | X |
| 6 | Quantity processed other than specified above | — |
| 7 | Quantity in storage at the end of the year | — |

**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:**

14/06/21

**Signature of the Occupier or Operator of the disposal facility**

For The Recovery Hospital

Partner