FORM -A: Monthly Report to be maintained by Health Care Establishment (HCEs) (HCEs sending their entire Bio-Medical Waste to CBWTFs)

Month APRIL YEAR 2020	Date:-10/5/202
1. Name of the Hospital	IHBAS (INSTITUTE OF HUMAN BEHAVIOUR Ze ALLINED SCIENCES)
2. a) Total No. of Beds	: 282
b) Average occupancy for the month	: 351
3 No. of generation point	: 35
a) Total No. of ICUs	;: O3
b) Total No. of O.Ts	: 02
c) Total No. of Cath. Labs	: NIL
4. Number of yellow bags sent for incineration (along with their weight) to CBWTF:	
223 yellow bags of wt;- 5. (i) Number of red bags sent for autoclaving (alon	
205 Red Bags of wt!-	
6. Name of CBWTF Operator with whom agreemen	nt made SMS WATER GIRALE PUT LID
7. Validity of agreement with CBWTF:	MAY 2015
Signature with date Name & Designation Dr. Roger No. 25017 (DMC) Ph. No. Roger No. 25017 (DMC) Roger No. 25017 (DMC) Roger No. 25017 (DMC) Roger No. 25017 (DMC) Roger No. 25017 (DMC)	NSD OF MANNE