ANNUAL STATEMENT

1. Particulars of the applicant: **Medical Superintendent, Daga Memorial Hospital, Gandhibagh, Nagpur. (Memb.No. NGHP0256) 500 Beded.**

   i) Name of the authorised person (Occupier)

   ii) Name of the institution: **Daga Memorial Hospital, Nagpur.**

   Address: **Gandhibagh, Nagpur.**

   Tel. No.:

   Telex No.

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

Cat. No. 1 (Yellow) – **80 Kg., 3** (Yellow) – **120 Kg., 4** (Blue + White) - **350 Kg.,**
5 (Yellow) – **10 Kg., 6** (Yellow) – **1000 Kg., 7** (Red) – **400 Kg.,**

3. Brief details of the treatment facility: done by service provider.

   In case of off-site facility: ---

   i) Name of the operator: M/s. **Superb Hygienic Disposals**, Nagpur

   ii) Name and address of the facility: Plot No. 133, Mauja Bhandewadi, Nagpur. Tel. No. 9922941639

4. Category-wise quantity of waste treated:

1)	Human Anatomical Waste	**(Yellow)**	**960 Kg (1)**	Non-Chlorinated Bags	
2)	Microbiological & Bio-Technological Waste	**(Yellow)**	**1440 Kg (3)**	----||----	FACILITY PROVIDED BY CBMWTF
3)	Waste Sharp	**(Blue/White)**	**4200 Kg (4)**	----||----	
4)	Discarded Medicine	**(Yellow)**	**120 Kg (5)**	----||----	
5)	Solid Waste	**(Yellow)**	**12000 Kg (6)**	----||----	
6)	Solid Waste	**(Red)**	**480 Kg (7)**	----||----	**M/S. SUPERB HYGIENIC**
7)	Liquid Waste		**NA (8)**	----||---	**-DISPOSALS, NAGPUR**
8)	Chemical Waste		**NA (10)**	----||----	

5. Mode of treatment with details: Incineration, Autoclave, Shredder and Chemical Treatment.

6. Any other information:

7. Certificate that the above report is for the period from **1st January 25 to 31st December 25.**

Date: 28/01/2026 **Signature:**

Place: Nagpur **Designation:** Manager,
Superb Hygienic Disposals,
Nagpur.

Superb Hygienic Disposals

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