

Royd Nursing Home & Health Care Ltd. 5B, Royd Street, Kolkata - 700 016,

Phone: 033 2227-1666/7, 033-4601-6536/7 E-mail: roydnursinghome@hotmail.com Website: www.roydnursinghome.com CIN: U85100WB1986PLC098553



Date: 12/12/2025

To Officer on Special Duty (O&E), **WBPCB** Paribesh Bhawan 10A, LA block, Sector 3, Bidhan Nagar, Kolkata - 700106

> Sub:- Monthly Report of Bio-Medical (Management & Handling) for the month of November 2025

Dear Sir,

With reference to the above subject we would like to inform you that we are submitting the Bio-Medical (Management & Handling) Report for the above mentioned months as per required by clauses of the said Act and Regulations to your good self.

Kindly acknowledge receipt.

Thanking you,

Yours truly,

For Royd Nursing Home & Health Care Ltd

(Authorized Signatory)

Encl: As above.

MONTHLY REPORT

1. Particulars of the applicant	•	',		0 - 6			
(i) Name of the authorized pe	rson (occupier/ope	erator)	MR, E	JAZ L	ANISH.		
		8					
(ii) Name & address of the ins	stitution:	CO YD	NURSIN	9 HOME	& HEALTH	ł	
CARE LTD, 5B, (ROYD STRE	ET,	KOLK	4TA - 7	00016		
Telex No. 2227-1666	: 17					4	
Fax No. 4601 - 653			Ø				
Fax No							
				-1 n+i+ for	the menth of N	OVEMBE	SR 2025
Category of waste (as per Category	Schedule-I of the I Waste Quantity	Rule) g v	enerated an	orv	Waste Quant	ty	
Category No. 1	104.7		Category N	3	181.48	Kg.	
Category No. 2	NII 52.35	Kg.			526	Kg.	
Category No. 3 Category No. 4	02.36	Kg.			2083 NII	Kg.	
Category No. 5	10:47	Kg.		AND DESCRIPTION OF THE PARTY OF	NII	-Kg.	
Note: all quantities to b	e given in kg/mont		ept Category	No. 8, which	will be in Itrs./mo	onth	
						Set See	
3. Brief details of the treatme	nt facility:						
In case off-site facility:	THE FACILITY .						
(i) Name of the Operator	GREENTECH	EN.	IRON MA	WAGEMEN	TAVT LTD		
						AKE	
(ii) Name and Address of						1.00	
TOIDN, SOUTH DU							
Tel. No. 2534-1121	19903050S	D2 No	-	Fax No.	-		
161.100.5, 5	, 1010×1						
4. Category-wise quantity of		0					
i) Incineration/Burial (Yell	low bag) : 3 4	9	_kg				
ii) Autoclave/Microwave ((Redhan) . 52	26	ka				
II) Autociave/wierowave (, (Ceroug)		. 1.9	4			
		- 0	0 1 1 1 1	150Atta			
5. Mode of treatment with def					N		
	REDE	3A9	: AUTO	CLAVE			
							6
6. Any other information :	N. A.						
o. rany bandra amerimaden i	7 (
	p	4 4 (100)	01/11/	0005 ta	30/11/200	25	
7. Certified that the above re	port is for the perio	od from	01/11/		0.		
	i.						
Date: 12/12/2025				#1	Signature:	O DE LER	
			* S.	ROYD NURS	ING HOME & HEALTH	CARE LIU.	
Place: KOLKATA			8500	***************************************	She	,	
Designation:			•			Cinnelavi	

Authorised Signatory