

FORM-3

[See rules 4(5), 5(5), 8(6), 9(4), 10(8), 11(9), 13 (1) (xi), 13(2)(v), 13(3)(vii) and 13(4)(v)]

FORM FOR FILING ANNUAL RETURNS

[To be submitted by producer or manufacturer or refurbisher or dismantler or recycler by 30th day of June following the financial year to which that return relates].

Quantity in Metric Tonnes (MT)

1.	Name and address of the producer or manufacturer or refurbisher or dismantler or recycler	:	R. G. Kar Medical College & Hospital 1, khudiram bose sarani, kolkata 700004	
2.	Name of the authorised person and complete address with telephone and fax numbers and e-mail address	:	Prof. Dr. Sanjay Vasisth MSVP R G K MCh 9830519741 - rgkmchams2023@gmail.com	
3.	Total quantity of e-waste collected or channelised to recyclers or dismantlers for processing during the year for each category of electrical and electronic equipment listed in the Schedule I by PRODUCERS			
Detail For		Type	Quantity	No.
4.	Name and full address of the destination with respect to 3(A)-3(D) above			
Detail For		Name	Address	
5.	Type and quantity of materials segregated or recovered from e-waste of different codes as applicable to 3(A)-3(D)			
Detail For		Type	Quantity	
BULK CONSUMERS: Quantity of e-waste		Yellow	709 kg	
BULK CONSUMERS: Quantity of e-waste		Red	602kg	
BULK CONSUMERS: Quantity of e-waste		White	321 kg	
BULK CONSUMERS: Quantity of e-waste		Blue	407 kg	

Place: KOLKATA

Date: 21/2/2024

Signature of authorized person



Medical Superintendent Cum Vice Principal
R. G. Kar Medical College & Hospital
Kol-700004

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[See rules 4(5), 5(5), 8(6), 9(4), 10(8), 11(9), 13 (1) (xi), 13(2)(v), 13(3)(vii) and 13(4)(v)]

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