

**SCHEDULE IV**

(see Rule 6)

LABEL FOR TRANSPORT OF BIO-MEDICAL WASTE CONTAINERS/BAGS

Day..... Month.....

Year .....

Date of generation.....

**Waste category No.....**

Waste Class

Waste description

**Sender's Name & Address**

**Receiver's Name & Address**

Phone No.....

Phone No.....

Telex No.....

Telex No.....

Fax No.....

Fax No.....

Contact Person.....

Contact Person.....

**In case of emergency please contact :**

**Name & Address**

Phone No.

Note : Label shall be non-washable and prominently visible.