

FORM II
(see rule 10)
ANNUAL REPORT

(To be submitted to the prescribed authority by the 31st January every year).

1. Particulars of the applicant:

(i). Name of the authorized person
(occupier/operator):

(ii). Name of the institution:

Address

Tel. No.

Telex No.

Fax. No.

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

3. Brief details of the treatment facility:

In case of off-site facility:

(i). Name of the operator:

(ii). Name and address of the facility:
Tel. No., Telex No., Fax No.

4. Category-wise quantity of waste treated:

5. Mode of treatment with details:

6. Any other information:

7. Certified that the above report is for the period from
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Date:

Signature.....

Place:

Designation.....