

FORM-II
(See Rule-10)
ANNUAL REPORT

(To be submitted to the prescribed authority by 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 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:

Certified that the above report is for the period from.....

.....

Date.....

Signature.....

Place.....

Designation.....