

FORM II
ANNUAL REPORT

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

1. Particulars of the applicant:
 - i. Name of the authorised 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

Date

Place

Signature

Designation.....