

**FORM – II**  
**(See Rule – 10)**  
**ANNUAL REPORT**

(To be submitted to the prescribed authority by 31<sup>st</sup> 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 .....
- .....
- .....

**Date:** \_\_\_\_\_ **Signature :** \_\_\_\_\_  
**Place:** \_\_\_\_\_ **Designation :** \_\_\_\_\_

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