

**FORM II**  
(see rule 10 )  
**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

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Date :

Signature

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Place :

Designation

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