

**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 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.....