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.................................
   ...........................................

...............................                  ..................................
Place..............................                               Designation.............................

Date .............................................. Signature ..............................................