

## MONTHLY REPORT

1. Particulars of the applicant

(i) Name of the authorized person (occupier/operator) : .....

.....

(ii) Name & address of the institution : .....

.....

.....

Telex No. ....

Fax No. ....

2. Category of waste (as per Schedule-I of the Rule) generated and quantity for the month of.....:

Category	Waste Quantity	Category	Waste Quantity
Category No. 1	Kg.	Category No. 6	Kg.
Category No. 2	Kg.	Category No. 7	Kg.
Category No. 3	Kg.	Category No. 8	Ltr.
Category No. 4	Kg.	Category No. 9	Kg.
Category No. 5	Kg.	Category No. 10	Kg.

Note: all quantities to be given in kg/month, except Category No. 8, which will be in ltrs./month

3. Brief details of the treatment facility :

In case 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 :

i) Incineration/Burial (Yellow bag) : \_\_\_\_\_ kg

ii) Autoclave/Microwave (Blue bag) : \_\_\_\_\_ kg

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 :