

FORM II

[see rule- 10 of the Bio-medical Waste (Management & Handling) (Amendment) Rules, 2000]

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) :

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(ii) Name & address of the institution :

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Telex No.

Fax No.

2. Category of waste (as per Schedule-I of the Rule) generated and quantity on a monthly average basis :

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 :

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Tel. No. , Telex No., Fax No.

4. Category-wise quantity of waste treated :

i) Incineration/Burial (Yellow bag) : _____ kg/month

ii) Autoclave/Microwave (Blue bag) : _____ kg/month

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 :