

Bio-Medical Waste (Management and Handling) Rules, 1998

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.....
.....

Date:

Place:

Signature.....

Designation.....