###### 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 : Signature ……………………..

Place : Designation………….………..