

FORM II
(See rule 10)
ANNUAL REPORT

(To be submitted 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 collected / treated and quantity on a monthly average basis (Cat. 1,2,3,4,5,6 & 7)** : *Average Per Month* = _____
(Cat. 1,2,3,5&6) : **Incinerable** = _____
(Cat. 4& 7) : **Autoclavable** = _____
3. Brief details of the treatment facility : *Treatment facility is with Synergy Waste Management (P) Ltd.*
- In case of off-site facility:
- (i) Name of the operator : **Synergy Waste Management (P) Ltd.**
(ii) Name of the address of the facility : **Near Composite Plant, Okhla Tank, Mathura Road, New Delhi-110020**
Tel. No., Telex No., Fax No. : **011-26933371,26933372 Fax:26933373**
4. Category-wise quantity of waste treated : *As Above*
5. Mode of treatment with details : *Incineration, Autoclaving & Shredding*
6. Any other information : *Nil*
7. Certified that the above report is for the period from :

Date :

Signature:.....

Place :

Designation :