

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) : DR. ABHAY KULKARNI

(ii) Name & address of the institution : SKODA AUTO INDIA PVT. LTD.
A-1/1, SHEHRA FIVE STAR MEDC, SHEHRA
AURANGHABAD

Telex No. 0240-6631180/82

Fax No. 0240-6631199

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	HIL Kg.	Category No. 6	0.150 Kg.
Category No. 2	HIL Kg.	Category No. 7	0.050 Kg.
Category No. 3	0.050 Kg.	Category No. 8	0.100 Ltr.
Category No. 4	0.050 Kg.	Category No. 9	HIL Kg.
Category No. 5	0.150 Kg.	Category No. 10	HIL 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 MR. PRADEEP GALPHADE

(ii) Name and Address of the facility : WATER GRACE PRODUCTS, BIO-MEDICAL
WASTE MANAGEMENT PROJECT SURVEY NO. 122, GEVRAI TANDA
PATODA SHWAR, PAITHAN ROAD, AURANGHABAD

Tel. No. , 997067714 Telex No., Fax No.

4. Category-wise quantity of waste treated :

i) Incineration/Burial (Yellow bag) : 0.300 kg/month

ii) Autoclave/Microwave (Blue bag) : 0.100 kg/month

5. Mode of treatment with details :

6. Any other information :

7. Certified that the above report is for the period from
21.01.2016 TO 11.01.2017

Date: 12.01.2017



Signature: *Amg*
DR. ABHAY KULKARNI