

FORM-II  
(See Rule-10)  
**ANNUAL REPORT**

(To be submitted to the prescribed authority by 31<sup>st</sup> January every year)

1. Particulars of the applicant

(i) Name of the authorized person: DR. ABHAY KULKARNI

(Occupier/operator)

(ii) Name of the institution

SKODA AUTO INDIA PVT. LTD.

Address

A-3/3, SHEHRA FIVE STAR MEDC

Tel. No.

SHEHRA AURANGABAD

Telex No.

0240-6631180/82

Fax No.

.....

2. Categories of waste generated:

and quantity on a monthly  
average basis

CATEGORY 1 - Nil

CATEGORY 6 - 0.100 kg

CATEGORY 2 - Nil

CATEGORY 7 - 0.030 kg

CATEGORY 3 - 0.050 kg

CATEGORY 8 - 0.050 kg

CATEGORY 4 - 0.050 kg

CATEGORY 9 - Nil

CATEGORY 5 - 0.100 kg

CATEGORY 10 - Nil

3. Brief details of the treatment  
facility

In case off-site facility

i) Name of the operator: MR. PRADEEP HALPHADE

ii) Name and address of the: WATER GRACE PRODUCTS - BIO MEDICAL  
facility WASTE MANAGEMENT PROJECT SURVEY

Tel. No., Telex No., Fax No.: MD-122 KEVRAI TANDA, PATODA

4. Category-wise quantity of waste treated: SHIVAR, PATTHA ROAD,  
9970067714 AURANGABAD

i) Incineration / Burial (Yellow Bag) - 0.150 kg/month

ii) Autoclave / microwave (Blue Bag) - 0.30 kg/month

5. Mode of treatment with details: .....

6. Any other information:

Certified that the above report is for the period from 28/01/2015 TO

20/01/2016

Date 20/01/2016

Signature Amal

Designation FACTORY MEDICAL  
OFFICER

