## FORM-4

See Rule 5(6) and 22(2)]

	Financial Year: April March
Industry: M/s	, PCB ID:
FORM FOR FILING	ANNUAL RETURNS
BY THE OCCUPIER OR (	OPERATOR OF FACILITY

(To be submitted by occupier/operator of disposal facility to state pollution control Board/pollution control committee by  $30^{th}$  June of every year for the preceding period April to March)

1	Name and address of the generator/operator of facility	•				
2	Name of the authorized person and full address with telephone and fax number	•				
3	Description of hazardous waste	:	Physical for	m with description	Chemic	al form
4	Quantity of hazardous waste (in MTA)	•	Type of hazardous waste Quantity (In		1 Tones/KL)	
5	Description of storage	:				
6	Description of treatment	:				
7	Details of transportation	•	Name & address of consignee	Mode of packing	Mode of transportation	Date of transportation
8	Details of disposal of hazardous waste	•	Name & address of consignee	Mode of packing	Mode of transportation	Date of transportation
9	Quantity of useful materials sent back to the	:	Name and type of materials sent back to		Quantity (In Tones/KL)	
	manufacturer and others	<u></u>	Manufactures/supplier .			

Place	<b>:</b>	Signature :	Signature :		
Date	:	Designation	:		