

FORM-II
(See Rule-10)
ANNUAL REPORT

(To be submitted to the proscribed authority by 31st 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.

Superintendent CHE Padmapan

CHE Padmapan

Padmapan, Keonjhar

2. Categories of waste generated:
and quantity on a monthly
average basis

V - 37 kg

R - 42 kg

B - 46 kg

W - 910 gm

3. Brief details of the treatment
facility

In case 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:

Hub cutter, Autoclave, sharp pit
Deep burial PIT, transportation
by O/S agency, WZ J.K. Enviro
EID - padampur1.bpmn@gmail.com
microbiology, biotechnology
waste, waste sharp, solid
waste, liquid waste.

5.

Mode of treatment with details:

Hub cutter, treated with
N/A
Hypochloride solution &
discharge to PIT or transportation
through O/S as per SOP.

6.

Any other information:

Certified that the above report is for the period from

Jan-2025 to Dec
2025

Date

9/1/26

Place

CHE Padmapan

Signature

Designation

Superintendent
CHE, Padampur
Keonjhar