



# Maharashtra Pollution Control Board

महाराष्ट्र प्रदूषण नियंत्रण मंडळ

## ANNUAL REPORT-FORM II

(To be submitted to the prescribed authority by 31 January every year)

### 1. Particulars of the applicant -

**i) Name of the authorised person (occupier/operator)**

Shyam Sunder Rathi

**ii) Name of the Institution**

Birla Carbon India Private Limited

**Address**

Village: Lohop/Talvali, Tal-Khalapur, Dist.-Raigad,410207

**Tel. No.**

8108848765

**Telex No.**

0

**Fax No.**

0

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

**Categories**

Waste sharps

**Quantity**

0.2

Discarded Medicines and Cytotoxic drugs

0.5

Solid Waste

0.001

Solid Waste

0.760

### 3. Brief details of the treatment facility -

**i) Name of the operator**

NA

**ii) Name and address of the facility**

NA

**Tel. No.**

8108848765

**Telex No.**

0

**Fax No.**

0

### 4. Category-wise quantity of waste treated

**Category**

**Quantity**

**5. Mode of treatment with details**

NA

**6. Any other information**

Na

**7. Certified that the above report is for the period from**

Jan 2018 to December 2018

**Place**

**Date**

**Designation**

