

AkzoNobel India Limited

SP DHARAMSHALA D.D. NAGER S.O 474005

Counter No:1,15/01/2020,10:53

To:P.C.B...

PIN:474001, Lashkar H.O

From:SUNTL SINGH..

Mt:40qms

Am:17.70(Cash)Tax:2.70

<Track on www.indiapost.gov.in>

<Dial 1800 266 8868>



Counter

Am:17

From:Dr

From: H

To: Hg

Del. PD:

EI611788885IN IVR:6973611788885

EI6117

7th January 2020

To,
M. P. Pollution Control Board,
Deendayal Nagar
Gwalior (M.P)

Sub: - Submission of Form -11 Bio Medical Hazard wastage rules 1998.

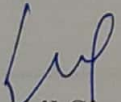
Dear Sir,

Please find enclosed here with Annual Return of **Form 11** under Bio Medical Hazard Wastage rules 1998.

Thanking you,

Kindly Acknowledge the same

For AKZONOBEL INDIA LIMITED


Sunil Singh
(Head HR)

Plot No. - GAE1(Part)
GAF - 1 & GAF - 2, Industrial Area
Ghirongji, Malanpur, Dist. Bhind - 477 117
Madhya Pradesh, INDIA, www.akzonobel.co.in

Registered Office : Geetanjali Apartment, 1st Floor, 8B, Middleton Street, Kotkata 700 071 CIN : L24292WB1954PLC021516

FORM 11

(See rule 10)
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): **Mr. Rajeev Raj Gopal**
(ii) Name of the institution: **AKZONOBEL INDIA LTD**

Address: Plot No.GAE-1(Part), GAF-1&GAF-2, Ghirongi Industrial Area, Malanpur-Distt. Bhind Madhya Pradesh-477117

Tel. No- 07539-283101.

Fax No- NIL

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

3. Brief details of the treatment facility:

In case of off-site facility: **OHC**

(i) Name of the operator :**MALE NURSE**

(ii) Name and address of the facility: **Maheshwari Nursing Home**

Tel. No.....

Fax No.....

4. Category-wise quantity of waste treated: **NIL**

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

6. Any other information: **NIL**

7. Certified that the above report is for the period from....**JAN TO DEC 2019.**

Date...**3rd JAN 2020**.....

Place...**BHIND**.....

Authorized Signatory.....
