

FORM – 4
[See rule 11(1)]

APPLICATION FORM FOR REGISTRATION OF FACILITIES POSSESSING ENVIRONMENTALLY SOUND MANAGEMENT PRACTICE FOR RECYCLING E-WASTE
(To be submitted in triplicate)

1.	Name and Address of the unit			
2.	Contact person with designation, Tel./Fax			
3.	Date of Commissioning			
4.	No. of workers (including contract labour)			
5.	Consents Validity	a. Water (Prevention & Control of Pollution) Act, 1974; Valid up to _____ b. Air (Prevention & Control of Pollution) Act, 1981; Valid up to _____		
6.	Authorization validity	E-wastes (Management and Handling) Rules, 2011; Valid up to _____		
7.	Manufacturing Process	Please attach manufacturing process flow diagram for each product(s)		
8.	Products and Installed capacity of production in (MTA)	Products		Installed capacity (MTA)
9.	Products manufactured during the last three years (as applicable)	Year	Product	Quantity
10.	Raw material consumption during the last three years (as applicable)	Year	Product	Quantity
11.	Water consumption	Industrial _____ m ³ /day Domestic _____ m ³ /day		
	Water Cess paid up to (if applicable)			
	Waste water generation as per consent _____ m ³ /day.	Actual (avg., of last 3 months) Industrial _____ m ³ /day Domestic _____ m ³ /day		
	Waste water treatment (provide flow diagram of the treatment scheme)	Industrial _____ Domestic _____		
	Waste water discharge	Quantity _____ m ³ /day Location _____		
		_____ Analysis of treated waste water for pH, BOD, COD, SS, O&G, any other parameter stipulated by SPCB/SPCC (attach details)		

12.	Air Pollution Control			
	a. Provide flow diagram for emission control system(s) installed for each process unit, utilities etc.			
	b. Details for facilities provided for control of fugitive emission due to material handling, process, utilities etc.			
	c. Fuel consumption	Fuel	Qty per day/month	
		(i)		
		(ii)		
	d. Stack emission monitoring	Stack attached to	Emission (SPM, SO ₂ , NO _x , Pb etc.) mg/Nm ³	
		(i)		
		(ii)		
	e. Ambient air quality	Location Results ug/m ³	Parameters SPM, SO ₂ , NO _x , Pb etc.) µg/m ³	
(i)				
(ii)				
13.	Waste Management:			
	a. Waste generation in processing e-waste	S No.	Type	Category
	b. Waste Collection and transportation (attach details)			
	c. Provide details of disposal of residue.	S No.	Type	Category
d. Name of Treatment Storage and Disposal Facility utilized for				
e. Please attach analysis report of characterization of hazardous waste generated (including leachate test if applicable)				
14.	Details of e-waste proposed to be procured through sale, contract or import, as the case may be, for use as raw material	(i) Name		
		(ii) Quantity required/year		
		(iii) Basel Convention Number		
15.	Occupational safety and health aspects	Please provide details of facilities		

16.	Remarks:	
	Whether industry has provided adequate pollution control system / equipment to meet the standards of emission / effluent.	Yes/No. If Yes, please furnish details
	Whether industry is in compliance with conditions laid down in the Authorization	Yes / No
17.	Any Other Information of relevance:	
	i)	
	ii)	

I hereby declare that the above statements/information are true and correct to the best of my knowledge and belief.

Signature: _____

Date: _____

Name: _____

Place: _____

Designation: _____